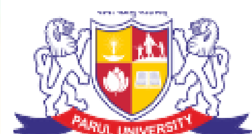

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Sustainable Development Goal - 3
"Ensure Healthy Lives and Promote well- being For at all Ages"

VOLUME 2

(Editor in Chief)

Dr. Christina Parmar
Associate Professor

Prof. (Dr.) M.N.Parmar
Dean & Principal

Faculty of Social Work, Parul Institute of Social Work
Parul University, Vadodara, Gujarat, India

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PREFACE

The international community, through Goal 3, has committed itself to a global effort to eradicate disease, strengthen treatment and healthcare, and address new and emerging health issues. It calls for innovation, and research in these areas to further enhance public policy efforts. A holistic approach to better health will require ensuring universal access to healthcare and to making medicine and vaccines affordable. It also calls for a renewed focus on mental health issues. Suicide is the second leading cause of death globally between the ages of 19 to 25. And finally, health and wellbeing are closely linked with the quality of our environment, and Goal 3 also aims to substantially reduce the numbers of deaths and illnesses caused by air, water, and soil pollution and contamination.

Ensuring healthy lives and promoting well-being at all ages is essential to sustainable development. Currently, the world is facing a global health crisis unlike any other — COVID-19 is spreading human suffering, destabilizing the global economy and upending the lives of billions of people around the globe.

Before the pandemic, major progress was made in improving the health of millions of people. Significant strides were made in increasing life expectancy and reducing some of the common killers associated with child and maternal mortality. But more efforts are needed to fully eradicate a wide range of diseases and address many different persistent and emerging health issues. By focusing on providing more efficient funding of health systems, improved sanitation and hygiene, and increased access to physicians, significant progress can be made in helping to save the lives of millions.

Health emergencies such as COVID-19 pose a global risk and have shown the critical need for preparedness. The United Nations Development Programme highlighted huge disparities in countries' abilities to cope with and recover from the COVID-19 crisis. The pandemic provides a watershed moment for health emergency preparedness and for investment in critical 21st century public services.

On above theme, Faculty of Social Work, Parul University is organizing International conference on Sustnaible development goals-3 good health and well-being in pandemic.

The conference seeks to provide a platform to address and deliberate on various aspects on Sustnaible development goals-3 good health and well-being in pandemic .Research Papers, Case Studies and Concept Papers are invited for presentation and publication in the conference proceeding with ISBN.

ACKNOWLEDGEMENT

First and foremost, we wish to express our deep sense of gratitude to Dr. Devanshu patel a dynamic visionary President of Parul University, whose unflinching commitment towards education has made an impact not only in Gujarat but in all the diversified States of India and Dr. Gitika Patel (Vice president, quality, Research and health sciences and medical director) for providing educational employment opportunities and gave us platform to organise International conference on Sustainable development goal no3 health and well-being at all ages at Parul Institute of Social Work, Parul University and develop the areas of research through the Publication.

Our heartfelt gratitude to respected Dr. Parul Patel, Vice President (Student Affairs & General Administration) and Chair Admissions Committee for providing the support in throughout conference and to manage the food and accommodation for the international conference .

I would like to appreciate the support extended to us from Dr. Amit Ganatra the Vice chancellor and provost of the university who has given the innovative idea about the conference and for his expert assistance, continues guidance throughout conference & professional inputs which immensely helped us in the conference.

We would like to acknowledge our sincere and deep gratitude towards all the academic Directors of Parul University Dr.Chhaya Aaiyar, Dr Babita Chaubey, Dr.Preeti Nair, Dr.Pallavi Khedkar, Dr Himanshu Acharya and Dr. Manisha Pathak for constant support and guidance have been provided in the technical session of the conference.

Our job would be incomplete if we won’t convey our special thanks to our dear staff and students of Faculty of Social work, Parul University conference coordinator Dr. Deepak Makwana, and all the staff members Dr. Devanshi Pandya, Ms. Shruti Bhonsle, Dr. Unnati Soni, Ms. Neha Dubey, Ms. Nita Vaghela and Mr. Vimal Makwana for their immense support, guidance, and for constant inspiration which they extended from time to time.

We are very thankful to all the respondents who spend their valuable time and who make this conference successful.

ABOUT THE PARUL UNIVERSITY

Parul University is a private university in Vadodara, Gujarat, India. It was established in 2009 as the Parul Group of Institutes, and was given university status in 2015.

Parul University is a private state university located in Vadodara Gujarat. Established in 1993 the university is recognized by UGC, NAAC, and NAB. The university was ranked among the top 50 BBA colleges of India in the year 2020 by Times business magazine and was awarded Best University in Placements by ASSOCHAM (Associated Chambers of Commerce and Industry). Various Diploma, UG, and PG and research programs in 21 streams including engineering, pharmacy, management, law, fine arts, design, arts, and commerce, etc.

Parul University spread over 117 acres of land was established in April 2015 under an Act of State Legislature viz., Gujarat Private Universities Act, 2009. The university has achieved distinction in education and research at national and international level.

University extensively offers 140 different undergraduate, postgraduate and doctoral programs under 30 institutes in diverse disciplines like Medicine, Engineering, Pharmacy, Homoeopathy, Ayurveda, Management, Law, Fine Arts, Design, Arts, Commerce etc.

Faculties of Medicine, Homeopathy, Ayurveda, Nursing, and pharmacy, Agriculture, Architecture, Planning and Law adhere to their respective councils like NMC, NCH, NCISM, GNC, PCI, COA and BCI.

Parul University has around 1500 teaching faculties and about 29,000 students. Numerous prominent companies visit the university for Campus Recruitment such as L&T InfoTech, Byjus, TCS, Linde, Infosys, Asian Paints, Naukri.Com, Reliance, IndusInd Bank, Claris, and Zydus Cadila etc.

The campus has Wi-Fi facility, well-equipped laboratories, about 300 plus ICT Classrooms equipped with adequate AV equipment. University has 87 Computer Practical Laboratories with 6000+ Computers, 450 seating capacity Auditorium,

25 Seminar Halls, Three Banks with ATM facility, 60+ Buses for transportation, 3 Food Courts, Gymnasium with Hi-tech modern equipment, Swimming Pool, Indoor and Outdoor Sports Complex etc.

The university has established special cells such as the Centre of Research for Development, Centre for Human Resource and Development, Entrepreneurship Development, Career Development, Competitive Exam, Armed Force, Tinkering Hub, Technical Event, Training & Placement, International Relations, International Students'

Affair, Cultural Affairs, Students' Council, Alumni Association, Social Responsive Cell, Consultancy, INSIGHT (a center for emotional well-being) etc.

To provide students and faculties with the most convenient learning resources, the university has 16 libraries with 176400 books, 470 e-books, 30121 online journals/magazines

and 288 printed journals/magazines. The university also has digital facility, SOUL 3.0 ILMS which connects all libraries to meet all the requirements of faculties and students. University has 1200+ international students and 6000+ students from outside Gujarat pursuing full-time degree programmes in the university.

University has received several grants under diverse schemes from Central and State Government Agencies like ICMR, AICTE, GUJCOST, SSIP, DST etc....

The university has 750 bedded multispecialty hospital, two Ayurveda and four homoeopathy hospitals with the total capacity of 512 beds. All the hospitals of Parul University are accredited by NABH.

Vision

The vision statement of the University is as under: To make successful academic quests through entrepreneurship, research, modernization and partnerships, thus making PU the finest educational destination.

Mission

Parul University has embarked on the journey towards excellence as stated clearly under its mission statement as follows:

Bridging the gap between academia and career, by laying emphasis on development programs for both students and staff. Promoting healthy relationships between PU's existing students, alumni, teachers and staff. Forming associations with other universities and corporate firms of the nation and the world. Presenting state of art infrastructure with high quality and work ethics.

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ABOUT PARUL INSTITUTE OF SOCIAL WORK

FACULTY OF SOCIAL WORK

Faculty of Social work at Parul University aims at transforming individuals by providing them a platform for gaining social work education and knowledge through interacting and closely associating with the society at large, assisting in the empowerment and up-gradation of society and understanding the role of Organizations for creating a better society. This transformation is achieved by need driven and dynamic curriculum, social interventions, research and networking and liasioning with government and non-government organizations.

Faculty of Social Work offers dynamic and relevant programs at the Bachelors & Master's level in Social Work and Human Resource Management. It also identifies new areas for social work practice and evolves innovative strategies through practice-based research and field action projects. The course focuses on key importance of relevant subjects, Orientation visits, Concurrent Field work, Rural Camps, Study Tours, Field work Seminars, Communicable Skills, Viva Voce and Block Placements.

VISION

We aspire to be among the finest schools of social work and human resource management in the state offering holistic growth opportunity to our students. A vibrant centre for intellectual development, producing qualified, competent and skilled Professionals- a leader in promoting diverse communities, advocate for an integrated and inclusive model of social work and human resource, all within a facility that supports the best educational practices.

MISSION

The Faculty of Social work is committed to gain excellence in teaching, empowering, developing community through leadership and service. Our mission is to foster social responsibility regarding social and economic justice, quality of life and multicultural communities, based on equality for all people. As the institute for the creation and dissemination of knowledge, the institute provides attainment of social work education and human resource objectives in order to alleviate and prevent social problems and equality of roles in society for individuals, families and communities.

OBJECTIVES

The courses at Faculty of Social work shall prepare the students to:

- To gain an understanding about concept, history and philosophy of social work and to develop a knowledge base about Profession of Social Work, its practice and application.

- To gain an understanding of the concept and different processes of Social Work with special reference to Indian Society.
- To understand the various Indian social problems and their role to tackle them in a professional way.

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1

FACTOR AFFECTING THE PERSONALITY OF SLOW LEARNERS

1* Miss Rupali Godbole

Student of Human Resource Management

E-Mail:- rupaligobole21@gmail.com

Contact No.:- 9904215129

2* Dr. Christina Parmar

Parul Institute of Social Work, Parul University

Waghodiya Vadodara, Gujarat

ABSTRACT

Children who learn at a slow pace are called those whose educational achievement is less than normal children. Slow learning children development, adjustment and self-reliance are not the same as other boys in their age group. Their personality does not develop like the personality of other children. Heredity and environment mainly affect the personality of a normal child. But apart from inheritance and environment, many other factors influence the personality of students who learn at a slow pace. Slow Learner is a child who is not able to do the work where their educational attainments are lower than what they are capable of. The Problems of slow learner is always been present in the education but it is only this decade where any serious and successful attempt has been made to measure the range of individual differences In this paper, children with slow learning, causes, characteristics and factors affecting their personality are discussed in detail.

KEYWORD

Slow Learners, Personality.

INTRODUCTION

A Slow Learner is a child of below average intelligence whose thinking skills and scholastic performance have developed significantly more Slowly than the pace of his or her age. “Slow Learners are the Learners whose learning pace is Slower than their peers. “Slow Learner low learners are the individuals who has the problem of learning but are not considered as a special

person. These individuals have the interest in learning new concepts or ideas but as they face the difficulty in learning they are not able to cope with the normal children. (Naila Aslam, 2011) "Slow Learners are students who learn more slowly than their peers, yet do not have a disability requiring special education." The backward child or slow learner is the one who is unable to do the work where their educational attainments are lower than what they are capable of.

WHO IS SLOW LEARNER?

A slow learner has the intelligence level of below average (70-85 IQ), and it is seen that the thinking skills of slow learners are developed at a very slow rate even he is slower than the children who are younger than him but it is considered that slow learners have the same developmental stages as other children has.

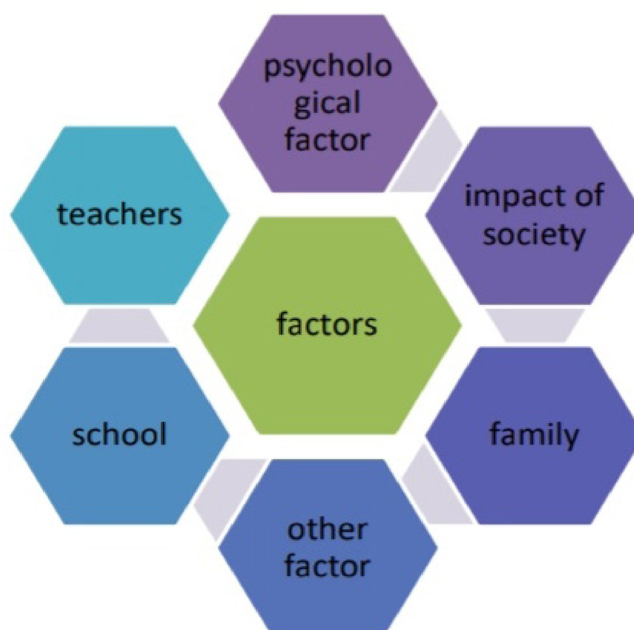
A child can be described as a slow learner if his or her thinking skills develop at a notably slower rate than that of his or her peers. The child will carry on through the exact same developmental stages as his or her peers but at a comparatively slow rate. Also, the child typically has below-average intelligence.

CHARACTERISTIC OF SLOW LEARNER

- They learned to walk and talk but seemed delayed and slower than other children
- Having trouble academically in kindergarten, but fall further behind every year
- May seem immature for their age
- Like playing with other children, but prefer playing with children who are younger than them
- They make friends, but friendships don't seem to last
- When they carry on a conversation, they have trouble coming to the point
- They frequently say "off the wall" things that have nothing to do with the rest of the conversation
- When they become teenagers they may want to be treated as adults, but think and act several years younger than their peers
- Have short attention spans
- Studies but can't seem to retain what they learn
- They have difficulty following multi-step directions
- They score consistently low on achievement tests, however, may work well with hands-on material
- They try hard, but can't keep up with their classmates
- Are generally weak in reading and writing
- Often lack self-esteem

FACTORS AFFECTING THE PERSONALITY OF SLOW LEARNERS

The social behavioral pattern of slow learning children is mostly immature and unstable. They lack judgement and can sometimes get aggressive about petty issues. They are self-conscious, tend to daydream a lot and love to spend time in solitude or in the company of younger children.



Psychological Factor : These factors include intelligence, motivation, emotions, interests, attitudes, beliefs, values, learning styles etc. There are certain other factors which belong to the environment or the surroundings with which the individual continuously interacts.

School : Slow learner's personality has a direct and indirect effect on everything in the school like- curriculum, teaching methods, discipline, student-teacher relation and sports etc.

- If the wishes and interest of such children are not kept in mind and textual concomitant activities are not organized for their development, then all these creates a disadvantage for slow learners.
- The curriculum in the school is the same for all children. Slow learners are not able to achieve successes in line with the curriculum, which has a negative impact on their personality.

Impact of Society : Being an integral part of the society, it is natural for the slow learners to have a wider influence on his personality. Due to faulty environment of the society, social qualities are not developed in such children. Other children of the society do not like to play and interact with them, due to which they develop inferiority complex. Such behaviour has the negative effect on their personality.

Family : The work of building personality starts in the family. If the child gets an atmosphere of love, security and freedom in the family, then the qualities of courage, independence and self-reliance are developed in him. On the contrary if harshness is treated towards him, when

he is rebukes for trivial matters, he becomes a coward and a liar.

- The higher or lower socio-economic status of the family also has the effect of the personality of the slow learners.
- Parental interpersonal conflicts also have a negative impact on the personality of slow learners.

Teachers : The teacher has an important place in the development of the personality of children. If teachers treat slow learners with love and sympathy and use appropriate teaching methods and teaching materials according to them, and understand their problems and solve them, then the personality of such children is good.

REVIEW OF LITERATURE

A Vasudevan

International Journal of Applied Research 3 (12), 308-313, 2017

The child we call a slow learner is not in need of special education. He is likely to need some extra time and help in regular class room. He is capable by learning like an average child. A slow learner is one who learner at a slower than average rate. The causes of slow learning are low intellectual learning and personal factors such as illness and absence from school, The environmental factors also contribute to this slow learning. Identification of the slow learners and the crucial step. Then we have to advise educational programme for the slow learners. Slow learner work best with a changeful designed step. Slow learners can learn if instruction is approached changefully. The ways in this reigned are tutoring and remedial instruction. In this present chapter is dealing above slow learners and their causes, problems and educational programmes.

Ranjana Ruhela

Online International Interdisciplinary Research Journal 4 (4), 193-200, 2014

Slow learners are characterized under the exceptional children but they are different from the disabled child or god gifted child because disabled child have the difficulty to understand the things because of the disability and mostly they have the high intelligence quotient. Level or creative in compare to the average child.

RESEARCH METHODOLOGY

Objective

- To study the characteristic of slow learners.
- To study the personality of slow learners.
- To find out the factors that affect the personality of slow learners.

Research Design

- Desk Research

CONCLUSION

In conclusion, we may state that a variety of things impact slow learners' personalities. These factors can be identified and properly addressed. It is important to coordinate the growth of the parents, educators, mobilizers, schools, and medical professionals. Such youngsters should receive an education through the establishment of special schools, innovative psychological teaching techniques, and specific programmes. lasses. To ensure that their personalities are correctly formed, they should improve their hidden talents and boost their self-confidence.

REFERENCE

1. https://www.edubloxtutor.com/slow-learner/
2. https://www.psychologydiscussion.net/term-paper/slow-learners/slow-learners-characteristics-and-development-term-paper-psychology/13481
3. https://research-education-edu.blogspot.com/2008/08/education-of-slow-learner.html?m=1
4. International Journal for Applied research

2

A STUDY ON "HEPATITIS B"

Abhijeet Shinde

MSW-HRM 2

E-Mail :- abhijitshinde0110@gmail.com

Contact No.:- 8530230171

Parul Institute of Social Work

Parul University, Waghodia, Vadodara, Gujarat

ABSTRACT

Hepatitis B is a vaccine-preventable liver infection caused by the hepatitis B virus (HBV). Hepatitis B is spread when blood, semen, or other body fluids from a person infected with the virus enters the body of someone who is not infected.

It is a major global health problem. It can cause chronic infection and puts people at high risk of death from cirrhosis and liver cancer. HBV, a member of the Hepadnaviridae family, is a small DNA virus with unusual features similar to retroviruses. HBV replicates through an RNA intermediate and can integrate into the host genome. The unique features of the HBV replication cycle confer a distinct ability of the virus to persist in infected cells.

KEYWORDS

Fluids, Hepadnaviridae, DNA, Cirrhosis, Chronic, Virus, Retroviruses, Replication, Semen, Genome.

INTRODUCTION

"Viral hepatitis," refers to infections that affect the liver and are caused by viruses. It is a major public health issue in the United States and worldwide. Not only does viral hepatitis carry a high morbidity, but it also stresses medical resources and can have severe economic consequences. The majority of all viral hepatitis cases are preventable.

Viral hepatitis includes five distinct disease entities, which are caused by at least five different viruses. Hepatitis A and hepatitis B (infectious and serum hepatitis, respectively) are considered separate diseases and both can be diagnosed by a specific serologic test. Hepatitis C and E comprise a third category, each a distinct type, with Hepatitis C parenterally transmitted, and

hepatitis E enterically transmitted. Hepatitis D, or delta hepatitis, is another distinct virus that is dependent upon hepatitis B infection. This form of hepatitis may occur as a super-infectionin a hepatitis B carrier or as a co-infection in an individual with acute hepatitis B. Hepatitis viruses most often found in the United States include A, B, C, and D.

Because fatality from hepatitis is relatively low, mortality figures are a poor indicator of the actual incidence of these diseases. The Centers for Disease Control and Prevention estimated that approximately 400,000–600,000 people were infected with viral hepatitis during the decade of the 1990s.

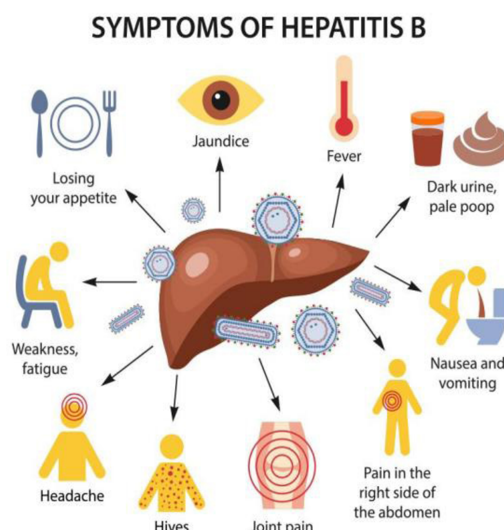
Hepatitis plagued mankind as early as the fifth century BC. It was referenced in early biblical literature and described as occurring in outbreaks, especially during times of war. Toward the end of the nineteenth century, hepatitis was thought to occur as a result of infection of the hepatic parenchyma. The infectious nature of hepatitis was established after World War II. In the mid-1960s, Blumberg and colleagues discovered the surface antigen and antibody of hepatitis B. This Nobel Prize-winning research opened the door to our appreciation of the morphological and immunochemical features of other forms of viral hepatitis.

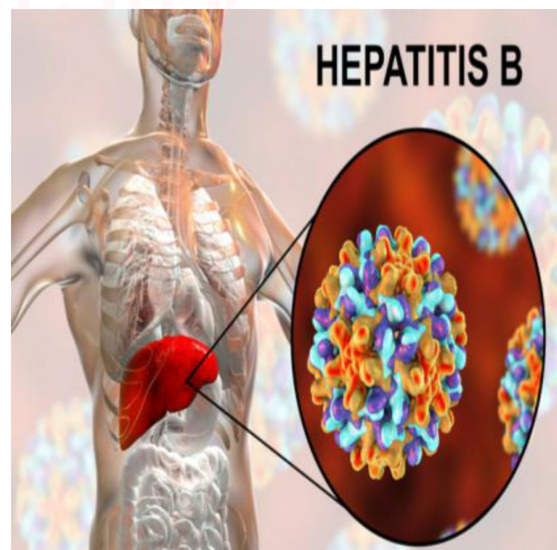
Hepatitis B is a serious liver infection caused by the hepatitis B virus (HBV). For most people, hepatitis B is short term, also called acute, and lasts less than six months. But for others, the infection becomes chronic, meaning it lasts more than six months. Having chronic hepatitis B increases your risk of developing liver failure, liver cancer or cirrhosis — a condition that permanently scars the liver.

A vaccine can prevent hepatitis B, but there's no cure if you have the condition. If you're infected, taking certain precautions can help prevent spreading the virus to others.

SYMPTOMS

Symptoms of acute hepatitis B range from mild to severe. They usually appear about 1 to 4 months after you've been infected, although you could see them as early as two weeks after you're infected. Some people, usually young children, may not have any symptoms.





TYPES OF HEPATITIS

Acute hepatitis B is a brief infection (6 months or less) that goes away because the body gets rid of the virus.

Chronic hepatitis B is a long-lasting infection that happens when your body can't get rid of the virus. Chronic hepatitis B is a serious medical illness. While you may not have symptoms, a chronic infection can lead to deadly liver damage and cancer.

HEPATITIS B VACCINE

The hepatitis B vaccine (hepatitis B immune globulin) is given in either three or four doses, depending on the medicine brand used.

The hepatitis B virus is harder to fight off naturally the younger you are. You should get the vaccine as early as possible.

It is now recommended that all newborn babies receive the first dose of the hepatitis B vaccine before they leave the hospital.

HEPATITIS B SIGNS AND SYMPTOMS MAY INCLUDE

- Abdominal pain
- Dark urine
- Fever
- Joint pain
- Loss of appetite
- Nausea and vomiting
- Weakness and fatigue
- Yellowing of the skin and the whites of the eyes, also called jaundice

DIAGNOSIS

It is not possible on clinical grounds to differentiate hepatitis B from hepatitis caused by other viral agents, hence laboratory confirmation of the diagnosis is essential. Several blood tests are available to diagnose and monitor people with hepatitis B. They can be used to distinguish acute and chronic infections. WHO recommends that all blood donations be tested for hepatitis B to ensure blood safety and avoid accidental transmission.

CAUSES

Hepatitis B infection is caused by the hepatitis B virus (HBV). The virus is passed from person to person through blood, semen or other body fluids. It does not spread by sneezing or coughing.

COMMON WAYS THAT HBV CAN SPREAD ARE

Sexual contact. You may get hepatitis B if you have unprotected sex with someone who is infected. The virus can pass to you if the person's blood, saliva, semen or vaginal secretions enter your body.

Sharing of needles. HBV easily spreads through needles and syringes contaminated with infected blood. Sharing IV drug paraphernalia puts you at high risk of hepatitis B.

Accidental needle sticks. Hepatitis B is a concern for health care workers and anyone else who comes in contact with human blood.

Mother to child. Pregnant women infected with HBV can pass the virus to their babies during childbirth. However, the newborn can be vaccinated to avoid getting infected in almost all cases. Talk to your provider about being tested for hepatitis B if you are pregnant or want to become pregnant.

RISK FACTORS

Hepatitis B spreads through contact with blood, semen or other body fluids from an infected person. Your risk of hepatitis B infection increases if you:

Have unprotected sex with multiple sex partners or with someone who's infected with HBV

- Share needles during IV drug use
- Are a man who has sex with other men
- Live with someone who has a chronic HBV infection
- Are an infant born to an infected mother
- Have a job that exposes you to human blood
- Travel to regions with high infection rates of HBV, such as Asia, the Pacific Islands, Africa and Eastern Europe

PREVENTION

The hepatitis B vaccine is typically given as two injections separated by a month or three or four injections over six months, depending on which vaccine is given. You can't get hepatitis B from the vaccine. The hepatitis B vaccine is recommended by the United States Advisory Committee on Immunization Practices for adults 19 to 59 years of age who do not have a contraindication to the vaccine.

THE HEPATITIS B VACCINE IS ALSO STRONGLY RECOMMENDED FOR:

- Newborns
- Children and adolescents not vaccinated at birth

- Those who work or live in a center for people who are developmentally disabled
- People who live with someone who has hepatitis B
- Health care workers, emergency workers and other people who come into contact with blood
- Anyone who has a sexually transmitted infection, including HIV
- People who have multiple sexual partners
- Sexual partners of someone who has hepatitis B
- People who inject illegal drugs or share needles and syringes
- People with chronic liver disease
- People with end-stage kidney disease
- Travelers planning to go to an area of the world with a high hepatitis B infection rate

TAKE PRECAUTIONS TO AVOID HBV OR OTHER WAYS TO REDUCE YOUR RISK OF HBV INCLUDE:

1. Know the HBV status of any sexual partner. Don't engage in unprotected sex unless you're absolutely certain your partner isn't infected with HBV or any other sexually transmitted infection.
2. Use a new latex or polyurethane condom every time you have sex if you don't know the health status of your partner.
3. Remember that although condoms can reduce your risk of contracting HBV, they don't eliminate the risk.
4. Don't use illegal drugs. If you use illicit drugs, get help to stop. If you can't stop, use a sterile needle each time you inject illicit drugs. Never share needles.
5. Be cautious about body piercing and tattooing. If you get a piercing or tattoo, look for a reputable shop. Ask about how the equipment is cleaned. Make sure the employees use sterile needles. If you can't get answers, look for another shop.
6. Ask about the hepatitis B vaccine before you travel. If you're traveling to a region where hepatitis B is common, ask your provider about the hepatitis B vaccine in advance. It's usually given in a series of three injections over a six-month period.

To support countries in achieving the global hepatitis elimination targets under the Sustainable Development Agenda 2030, WHO is working to:

1. Raise awareness, promote partnerships and mobilize resources.
2. Formulate evidence-based policy and data for action increase health equities within the hepatitis response prevent transmission.
3. Scale up screening, care and treatment services.

WHO organizes the annual World Hepatitis Day campaign (as 1 of its 9 flagship annual health campaigns) to increase awareness and understanding of viral hepatitis. For World Hepatitis Day 2022, WHO focuses on the theme "Bringing hepatitis care closer to you" and calls for simplified service delivery of viral hepatitis services, bringing care closer to communities.

REFERENCES

1. https://www.who.int/news-room/fact-sheets/detail/hepatitis-b
2. https://www.niddk.nih.gov/health-information/liver-disease/viral-hepatitis/hepatitis-b
3. https://health.ucsd.edu/specialties/gastro/areas-expertise/liver-center/hepatitis-b/pages/default.aspx
4. https://www.hindawi.com/journals/bmri/2020/7027169/
5. https://www.who.int/news-room/fact-sheets/detail/hepatitis-b#:~:text=Hepatitis%20B%20is%20a%20potentially,from%20cirrhosis%20and%20liver%20cancer.

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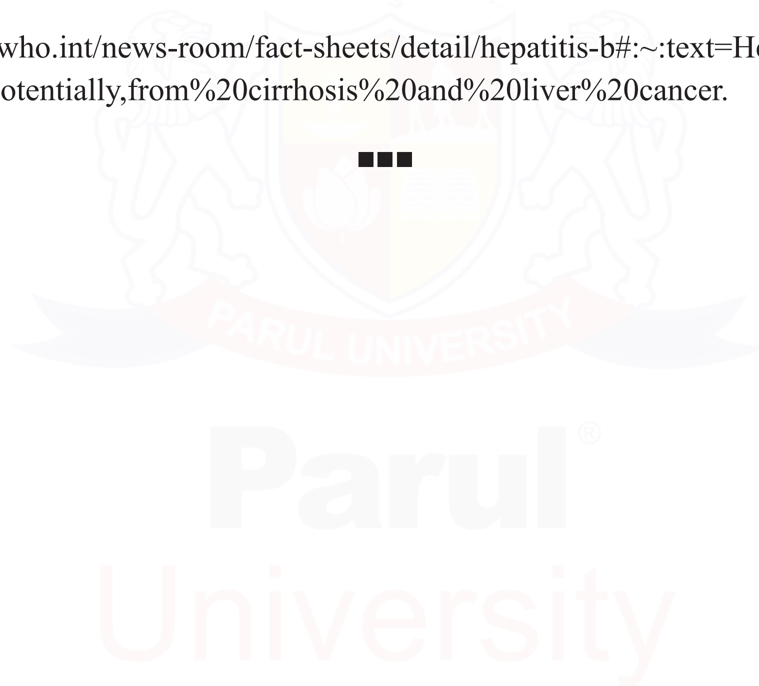

3

PREVENT AND TREAT SUBSTANCE ABUSE

Authors: Bhatt Tatsat Jwalit Kumar & Asst. Prof. Nita Vaghela

Designation: Student (MSW), Assistant Professor

Email Address: 211026201001@paruluniversity.ac.in,

nita.vaghela80004@paruluniversity.ac.in

Contact Number: 9687852797, 6353547548

Correspondent Address: Faculty of Social Work

Parul University, Waghodiya, Vadodara

ABSTRACT: -

Substance abuse prevention is also referred to as drug abuse prevention. It is a method that aims to stop substance usage before it starts. Prevention strategies may concentrate on the individual or their environment. The goal of the "Environmental prevention" notion is to alter societal norms or practices. As a result, both the demand for and availability of drugs decline. Personalized substance abuse entails a variety of sessions tailored to each person's needs in order to cut back on substance use. The kind of prevention activities should depend on the unique needs of the individual. The majority of the preventative initiatives target children and young adults between the ages of 12 and 35.

KEY WORDS

1. Substances: - **An item that is considered harmful and usually prohibited by law, such as alcohol or narcotics.**
2. Abuse: - To make improper or dishonest use of anything.
3. Prevention: - The action of avoiding something from occurring or someone from performing an action.
4. Treatment: - The procedure for treating a disease or bad habit.

INTRODUCTION

Activities aimed at preventing drug use and abuse as well as the emergence of substance use disorders attempt to inform and support communities and people.

Drug abuse and mental illnesses can interfere with day-to-day activities, making it difficult for a person to work or interact with family, and have a substantial impact on other aspects of life.

Alcohol, tobacco, marijuana, inhalants, coke, methamphetamine, steroids, and club drugs are among the substances being prevented.

According to research, opioid overdoses alone continue to claim the lives of roughly 130 people every day.

New avenues for the individual as well as societal prevention of substance misuse have been made possible by developments in neuro psychosocial research.

The scope of prevention has been expanded, allowing for the prescription of various interventions for individuals based on their various levels of ongoing substance use and dependence. Finding cost-effective programs and policies has been important to programme assessment. Policies and programs promoting a healthy lifestyle, particularly those implemented at the school, family, and community levels, are more likely to result in the desired results.

WHAT IS SUBSTANCE ABUSE PREVENTION?

Substance abuse prevention is also referred to as drug abuse prevention. It is a method that aims to stop substance usage before it starts. Prevention strategies may concentrate on the individual or their environment.

HOW MAY SUBSTANCE ABUSE BE AVOIDED?

Although there isn't a single or surefire strategy to stop someone from taking drugs or alcohol, there are things that everyone can do.

The top five ways to stop substance usage are as follows: -

1. To understand how substance abuse occurs :- It begins with: -

- Utilizing addictive substances for pleasure, whether they are legal or not.
- Seeking euphoria whenever you use.
- Abusing prescription medicines.

2. Avoid Peer Pressure and Temptation : - By avoiding friends and family that encourage substance use, you can cultivate healthy relationships and friendships. Young people and adults both experience peer pressure on a regular basis. To resist giving in to peer pressure, provide a strong justification or make a plan in advance.

3. Get treatment for mental disease :- Substance misuse and mental illness frequently coexist. If we need professional assistance from a counsellor, we should do so if we are struggling with a mental condition like depression or anxiety. He will teach us effective coping mechanisms so we may manage our symptoms without abusing alcohol or drugs.

4. Look at the danger signs :- Examine your family's history of mental illness and addiction. Several studies have proven that these conditions are heritable yet preventable. Our chances

of overcoming our biological, environmental, and physical risk factors increase as we become more aware of them.

5. Maintain a healthy balance in your life :- When something in their lives is missing, people frequently turn to drugs and alcohol. Using stress management techniques will enable us to deal with these pressures from life and lead balanced, healthy lives.

SUBSTANCE ADDICTION AND ITS EFFECTS: -

Substance abuse can significantly affect a person's quality of life. Misuse and continued use may be caused by insecurity for a variety of reasons. The following are some broad risk factors for drug misuse : -

- A history of substance abuse in the family.
- Behavior health condition such as sadness, anxiety, and attention deficit hyperactivity disorder (ADHD).
- Risk-taking conduct.
- A background filled with terrible experiences, such being in a vehicle accident or suffering abuse.
- Feeling of rejection by others or society.

NEGATIVE CONSEQUENCES OF ABUSE

- **Drug dependence: -** Teenagers who use drugs are more likely to use drugs seriously in the future.
- **Poor judgment**: - Adolescent drug usage is linked to bad judgement in interpersonal and social situations.
- **Sexual activity: -** High-risk sexual behavior, unsafe sex, and unplanned pregnancy are all linked to drug use.
- **Mental health disorders: -** Substance use can make mental health conditions like sadness and anxiety more likely.
- **Impaired driving.**: - Any substance can impair a driver's motor skills while they are behind the wheel, harming both them and any passengers with them.
- **Changes in school performance: -** It might cause academic performance to decline.

HEALTH EFFECTS OF DRUGS

Health risks of commonly used drugs include the following: -

- **Cocaine** — Risk of strokes, a brain, and a cardiac arrest.
- **Ecstasy** — Heart failure and organ failure risk.
- **Inhalants** — Risk of liver, kidneys, cardiac, and lung problems.

- **Marijuana** — Possibility of remembering, memory, problem-solving, and attention impairment.
- **Methamphetamine** — Psychotic behavioral risk.
- **Opioids** — Respiratory distress possibility.
- **Electronic cigarettes (vaping)** — Similar to smoking cigarettes, exposure to harmful substances.

REHABILITATION FOR ADDICTION

- Someone who suffers from an addiction disorder needs access to care. The majority of patients may require treatment for the remainder of their lives. They will have to refrain from the drug for the rest of their lives, which can be challenging. Addiction treatment programs frequently adapt to the demands of the patient.
- The type of addictive condition, the duration and intensity of use, and the effects of addiction on the individual are just a few of the variables that affect treatment options for addiction.
- A physician will also address any medical side effects that have emerged, such as liver illness in an individual with an addiction to alcohol or respiratory problems in an individual with a smoking addiction.
- There are numerous treatment alternatives available, and the majority of addicts undergo a mix of methods. All available therapies for addictive illnesses don't work for everyone.

DETOXIFICATION

Usually, detoxification comes first in a therapy plan. Limiting withdrawal symptoms and removing a drug from the body are involved.

A person who is dependent on multiple substances will frequently require medicine to ease the withdrawal symptoms from each.

COUNSELING AND BEHAVIORAL THERAPIES

This is the most common form of treatment following detoxification. Different types of therapy include:

- Brain treatment, which aids individuals in identifying and altering thought patterns linked to substance abuse.
- Multi - directional family therapy, which aims to enhance family functioning in relation to a teen or teenager with a substance use disorder.
- Talking therapy, which increases a person's capacity for change and behavior modification.
- Motivating rewards that promote abstinence through rewarding behavior.

In addition to improving life skills and assisting other therapies, counselling for addiction attempts to assist clients in changing their attitudes and actions around substance use.

REHABILITATION PROGRAMS

Programs for substance-related and addictive disorders that are longer-term can be quite uccessful and usually have a strong emphasis on maintaining drug-free status as well as resuming function within social, career, and familial duties.

Residential facilities that are fully licensed are available to set up a 24-hour care programme, give a secure living space, and provide any required medical interventions or help. A few types of facility can provide a therapeutic environment, including:

- **Short-term residential treatment :** It concentrates on detoxification and getting a person ready for a lengthier stay in a therapeutic community through intense counselling.
- **Therapeutic communities :** The society and personnel play a significant role in helping people recovery from drug use and make adjustments to their attitudes and actions.
- **Recovery housing :** Recovery housing connects a person in the latter stages of rehabilitation with community support services and offers help on managing finances and obtaining employment.

GROUPS FOR SELF-HELP

If someone is struggling with another type of addiction, they can research local self-help groups online or by asking their doctor or nurse for recommendations.

MEDICATIONS

In order to recover from a substance use disorder and any consequences that may have resulted, a person may need to take medicine continuously.

Medication should be used in conjunction with other management strategies, such as counselling, as it is not a solo treatment for addiction. The following chemicals have drug requirements for addiction.

ALCOHOL

To reduce intake of alcohol, people with alcohol consumption disorder can take the following drugs, including :

- **Naltrexone:** This reduces the risk of recovery by stopping the action of opioid receptors in the brain that cause satisfying and high effects when a person consumes alcohol.
- **Acamprosate, or Campral:** This may lessen long-term withdrawal symptoms like insomnia, anxiety, and the dysphoric state of general dissatisfaction.

- **Disulfiram, or Antabuse:** If the person in recovery tries to drink alcohol, this drug prevents the breakdown of alcohol, resulting in side effects like facial redness, feeling unwell, and an erratic pulse.

TAKEAWAY

Drug-related disorders are chronic, complicated diseases that require extensive, ongoing care. The type of substance used and the degree of addiction will determine the treatment plan.

Purification, which uses medication to lessen withdrawal symptoms when a substance leaves the body, is a common first step in treatment.

Various forms of cognitive counseling and therapy can also complement treatment by assisting in the deprogramming of particular drug-related behaviors and situations.

CONCLUSION

Drug misuse prevention begins with each of us.

Ask your pharmacy if they participate in take-back programs to safely dispose of unused and expired medications. Always follow your doctor's instructions when taking prescription medications, never give your prescription medications to anyone else, never take a medication that has been prescribed for someone else, educate children and teenagers about the risks of abusing prescription drugs, and keep medications out of the reach of children and pets.

REFERENCES

1. https://en.wikipedia.org/wiki/Substance_abuse_prevention#:~:text=Substance%20abuse%20prevention%2C%20also%20known,the%20individual%20or%20their%20surroundings.
2. https://www.medicalnewstoday.com/articles/323468
3. https://www.mayoclinic.org/healthy-lifestyle/tween-and-teen-health/in-depth/teen-drug-abuse/art-20045921

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ALCOHOLISM AND DRUGS HOW TO IMPACT ON YOUTH HEALTH

Mr. Jainish Dabhi

Email : jainishdabhi21@gmail.com

Contact no. : 9558924373

FACULTY OF SOCIAL WORK

ABSTRACT

Alcohol use is typically established during adolescence and initiation of use at a young age poses risks for short- and long-term health and social outcomes. However, there is limited understanding of the onset, progression and impact of alcohol use among adolescents in India. The aim of this review is to synthesis the evidence about prevalence, patterns and correlates of alcohol use and alcohol use disorders in adolescents from India.

Substance-abusing youth are at higher risk than nonusers for mental health problems, including depression, conduct problems, personality disorders, suicidal thoughts, attempted suicide, and suicide.

KEYWORDS

Impact Alcohol, disorders on health, India's youth, risk of life.

INTRODUCTION

Experimentation with alcohol and drugs during adolescence is common. Unfortunately, teenagers often don't see the link between their actions today and the consequences tomorrow. They also have a tendency to feel indestructible and immune to the problems that others experience.

Using alcohol and tobacco at a young age has negative health effects. Some teens will experiment and stop, or continue to use occasionally without significant problems. Others will develop a dependency, moving on to more dangerous drugs and causing significant harm to themselves and possibly others. It is difficult to know which teens will experiment and stop and which will develop serious problems. Teenagers at risk for developing serious alcohol and drug problems include those:

with a family history of substance use disorders

who are depressed

who have low self-esteem, and

who feel like they don't fit in or are out of the mainstream

Teenagers abuse a variety of drugs, both legal and illegal. Legally available drugs include alcohol, prescribed medications, inhalants (fumes from glues, aerosols, and solvents) and over-the-counter cough, cold, sleep, and diet medications. The most commonly used illegal drugs are marijuana (pot), stimulants (cocaine, crack, and speed), LSD, PCP, opiates or opioid pain killers, heroin, and designer drugs (Ecstasy). The use of illegal drugs is increasing, especially among young teens. The average age of first marijuana use is 14, and alcohol use can start before age 12. The use of marijuana and alcohol in high school has become common.

Often teenagers use other family members' or friends' medications to get high. Additionally, some adolescents misuse their friends' stimulant medications like Ritalin and Adderall.

Drug use is associated with a variety of negative consequences, including increased risk of serious drug use later in life, school failure, and poor judgment which may put teens at risk for accidents, violence, unplanned and unsafe sex, and suicide.

Parents can prevent their children from using drugs by talking to them about drugs, open communication, role modeling, responsible behavior, and recognizing if problems are developing. Prescription pain killers like opioids should be kept secure and closely monitored. Any prescription medications that are no longer being used should not remain in the home.

WARNING SIGNS OF TEENAGE ALCOHOL AND DRUG USE MAY INCLUDE:

Physical: Fatigue, repeated health complaints, red and glazed eyes, and a lasting cough.

Emotional: personality change, sudden mood changes, irritability, irresponsible behavior, low self-esteem, poor judgment, depression, and a general lack of interest.

Family: starting arguments, breaking rules, or withdrawing from the family.

School: decreased interest, negative attitude, drop in grades, many absences, truancy, and discipline problems.

Social problems: new friends who are less interested in standard home and school activities, problems with the law, and changes to less conventional styles in dress and music.

Some of the warning signs listed above can also be signs of other problems. Parents may recognize signs of trouble and possible use of alcohol and other drugs with their teenager. If you have concerns you may want to consult a physician to rule out physical causes of the warning signs. This should often be followed or accompanied by a comprehensive evaluation by a child and adolescent psychiatrist or mental health professional.

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produce and distribute Facts for Families, as well as other vital mental health information, free of charge.

You may also mail in your contribution. Please make checks payable to the AACAP and send to Campaign for America's Kids, P.O. Box 96106, Washington, DC 20090.

The American Academy of Child and Adolescent Psychiatry (AACAP) represents over 10,000 child and adolescent psychiatrists who are physicians with at least five years of additional training beyond medical school in general (adult) and child and adolescent psychiatry.

CONCLUSION

Alcohol use is typically established during adolescence and initiation of use at a young age poses risks for short- and long-term health and social outcomes. The aim of this review is to synthesise the evidence about prevalence, patterns and correlates of alcohol use and alcohol use disorders in adolescents from India.

Systematic review was conducted using relevant online databases, grey literature & unpublished data/outcomes from subject experts. Inclusion and exclusion criteria were developed and applied to screening rounds. Titles and abstracts were screened by two independent reviewers for eligibility, and then full texts were assessed for inclusion. Narrative synthesis of the eligible studies was conducted.

Fifty-five peer-reviewed papers and one report were eligible for inclusion in this review. Prevalence of ever or lifetime alcohol consumption ranged from 3.9% to 69.8%; and prevalence of alcohol consumption at least once in the past year ranged from 10.6% to 32.9%. The mean age for initiation of drinking ranged from 14.4 to 18.3 years. Some correlates associated with alcohol consumption included being male, older age, academic difficulties, parental use of alcohol or tobacco, non-contact sexual abuse and perpetuation of violence.

The evidence base for alcohol use among adolescents in India needs a deeper exploration. Despite gaps in the evidence base, this synthesis provides a reasonable understanding of alcohol use among adolescents in India and can provide direction to policymakers.

REFERENCE

1. https://www.cambridge.org/core/journals/global-mental-health/article/alcohol-use-among-adolescents-in-india-a-systematic-review/BD366D2FA3321F92E02967AA0A48B9A9
2. https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Teens-Alcohol-And-Other-Drugs-003.aspx

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EFFECT OF DIABETES ON AN INDIVIDUAL

Sakshi Prajapati

Masters Of Human Resources Management

Email :- prajapatisakshi52@gmail.com

Contact :- 9104357033

Parul Institute Of Social Work, Parul University

Waghodia, Vadodara, Gujarat (INDIA)

ABSTRACT

Diabetes, also known as diabetes mellitus, is a group of common endocrine diseases characterized by sustained high blood sugar levels.[11][12] Diabetes is caused by either a lack of insulin-secreting beta-cells in the pancreas due to an autoimmune response (type 1 diabetes), an imbalance between blood sugar level and insulin production (type 2 diabetes), and can be precipitated by pregnancy (gestational diabetes).[13] Diabetes, if left untreated, leads to many health complications.[3] Untreated or poorly treated diabetes accounts for approximately 1.5 million deaths per year.

KEYWORDS

Diabetes, High blood sugar level, health complications, lack of insulin.

INTRODUCTION

Diabetes is a major cause of blindness, kidney failure, heart attacks, stroke and lower limb amputation.

Between 2000 and 2019, there was a 3% increase in diabetes mortality rates by age.

In 2019, diabetes and kidney disease due to diabetes caused an estimated 2 million deaths.

A healthy diet, regular physical activity, maintaining a normal body weight and avoiding tobacco use are ways to prevent or delay the onset of type 2 diabetes.

Diabetes can be treated and its consequences avoided or delayed with diet, physical activity, medication and regular screening and treatment for complications.

Diabetes is a chronic disease that occurs either when the pancreas does not produce enough insulin or when the body cannot effectively use the insulin it produces. Insulin is a hormone

that regulates blood glucose. Hyperglycaemia, also called raised blood glucose or raised blood sugar, is a common effect of uncontrolled diabetes and over time leads to serious damage to many of the body's systems, especially the nerves and blood vessels.

In 2014, 8.5% of adults aged 18 years and older had diabetes. In 2019, diabetes was the direct cause of 1.5 million deaths and 48% of all deaths due to diabetes occurred before the age of 70 years. Another 460 000 kidney disease deaths were caused by diabetes, and raised blood glucose causes around 20% of cardiovascular deaths (1).

Between 2000 and 2019, there was a 3% increase in age-standardized mortality rates from diabetes. In lower-middle-income countries, the mortality rate due to diabetes increased 13%.

TYPES OF DIABETES

TYPE 2 DIABETES

Type 2 diabetes (formerly called non-insulin-dependent, or adult-onset) results from the body's ineffective use of insulin. More than 95% of people with diabetes have type 2 diabetes. This type of diabetes is largely the result of excess body weight and physical inactivity.

Symptoms may be similar to those of type 1 diabetes but are often less marked. As a result, the disease may be diagnosed several years after onset, after complications have already arisen.

Until recently, this type of diabetes was seen only in adults but it is now also occurring increasingly frequently in children.

TYPE 1 DIABETES

Type 1 diabetes (previously known as insulin-dependent, juvenile or childhood-onset) is characterized by deficient insulin production and requires daily administration of insulin. In 2017 there were 9 million people with type 1 diabetes; the majority of them live in high-income countries. Neither its cause nor the means to prevent it are known.

Symptoms include excessive excretion of urine (polyuria), thirst (polydipsia), constant hunger, weight loss, vision changes, and fatigue. These symptoms may occur suddenly.

GESTATIONAL DIABETES

Gestational diabetes is hyperglycaemia with blood glucose values above normal but below those diagnostic of diabetes. Gestational diabetes occurs during pregnancy.

Women with gestational diabetes are at an increased risk of complications during pregnancy and at delivery. These women and possibly their children are also at increased risk of type 2 diabetes in the future.

Gestational diabetes is diagnosed through prenatal screening, rather than through reported symptoms.

PREVENTION

Lifestyle measures have been shown to be effective in preventing or delaying the onset of type 2 diabetes. To help prevent type 2 diabetes and its complications, people should:

achieve and maintain a healthy body weight;

be physically active – doing at least 30 minutes of regular, moderate-intensity activity on most days. More activity is required for weight control;

eat a healthy diet, avoiding sugar and saturated fats; and

avoid tobacco use – smoking increases the risk of diabetes and cardiovascular disease.

DIAGNOSIS AND TREATMENT

Early diagnosis can be accomplished through relatively inexpensive testing of blood glucose.

Treatment of diabetes involves diet and physical activity along with lowering of blood glucose and the levels of other known risk factors that damage blood vessels. Tobacco use cessation is also important to avoid complications.

COST- SAVING INTERVENTION

Blood glucose control, particularly in type 1 diabetes. People with type 1 diabetes require insulin, people with type 2 diabetes can be treated with oral medication, but may also require insulin;

Blood pressure control; and

Foot care (patient self-care by maintaining foot hygiene; wearing appropriate footwear; seeking professional care for ulcer management; and regular examination of feet by health professionals).

Other cost saving interventions include:

screening and treatment for retinopathy (which causes blindness);

blood lipid control (to regulate cholesterol levels);

screening for early signs of diabetes-related kidney disease and treatment.

CONCLUSION

Diabetes is a slow killer with no known curable treatments. However, its complications can be reduced through proper awareness and timely treatment. Three major complications are related to blindness, kidney damage and heart attack. It is important to keep the blood glucose levels of patients under strict control for avoiding the complications. One of the difficulties with tight control of glucose levels in the blood is that such attempts may lead to hypoglycemia that creates much severe complications than an increased level of blood glucose. Researchers now look for alternative methods for diabetes treatment. The goal of this paper is to give a general

idea of the current status of diabetes research. The author believes that diabetes is one of the highly demanding research topics of the new century and wants to encourage new researchers to take up the challenges.

REFERENCE

1. https://en.m.wikipedia.org/wiki/Diabetes
2. https://www.who.int/news-room/fact-sheets/detail/diabetes

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CONCEPT PAPER OF BABY BONDING BEFORE BIRTH

Mr. Parth Gandhi

Email: gandhiparth194@gmail.com

Contact No: 9624191291

Parul Institute of Social Work, Parul University

Waghodia, Vadodara Gujarat

ABSTRACT

Mother-infant bonding provides the foundation for secure attachment through the lifespan and organizes many facets of infant social-emotional development, including later parenting. Aims To describe maternal bonding to offspring across the pregnancy and postnatal periods, and to examine a broad range of sociodemographic and psychosocial predictors of the maternal-offspring bond. Methods Data were drawn from a sample of 372 pregnant women participating in an Australian population-based longitudinal study of postnatal health and development. Participants completed maternal bonding questionnaires at each trimester and 8 weeks postnatal. Data were collected on a range of sociodemographic and psychosocial factors.

KEYWORDS

BABY BONDING, BIRTH.

CONCEPT PAPER

Here are some things that might help you and your baby to start forming an attachment before birth.

Talk and sing to your baby, knowing he or she can hear you.

Gently touch and rub your belly, or massage it.

Respond to your baby's kicks. In the last trimester, you can gently push against the baby or rub your belly where the kick occurred and see if there is a response.

Play music to your baby. Music that mimics a heartbeat of around 60 beats per minute, such as lullabies, is useful. You can also search online for relaxing or calming music.

Give yourself time to reflect, go for a walk or have a warm bath and think about the baby. You may like to write a diary or stories to the baby about what you are experiencing.

Have an ultrasound. Seeing your baby moving inside the womb can be a poignant experience for parents, and can help them to bond with the baby since it can suddenly seem 'real'.

Relax, look after yourself and try not to stress. Evidence shows that if a mother feels less stressed during her pregnancy, the health outcome for the baby is better. Your partner or a close friend may be helpful if you need someone to talk to.

You may find that instead of being excited about the birth of your baby, you are feeling stressed and confused. Your feelings during pregnancy can affect the baby too. For example, if you are feeling stressed, the baby's heart rate will respond to this and potentially increase.

Talk to someone about your feelings and ask questions when you see your maternity team. Try to increase your support network and meet other expectant mums to share your experiences. Try to look after your own health and wellbeing, and make sure you get enough rest and relaxation.

If you have had a mental health issue before, or you are experiencing feelings that differ from those you usually have, you should visit your doctor as soon as you can. A range of treatments can help, including psychological therapy and certain antidepressants that can be used safely during pregnancy for moderate to severe depression. Your doctor will tell you which ones are safe or suggest another way to help you.

If you were already taking an antidepressant before you became pregnant, your doctor may advise you to stay on the antidepressant. You and your doctor may decide this is the most effective way to help your baby get the best start in life and it may give you the best chance of bonding with your baby.

CONCLUSION

These novel findings have important implications for pregnant women and their infant offspring, and for health care professionals working in perinatal services. Importantly, interventions to strengthen maternal-fetal bonding would be beneficial during pregnancy to enhance postnatal bonding and infant health outcomes.

REFERENCE

- https://pubmed.ncbi.nlm.nih.gov/28212591/

7
RARE GENETIC DISEASE

Name: Dharmik Jambusaria
Course: Masters of Social Work-Human Resource Management
E-mail: - jambusariadharmik@gmail.com
Contact no: - 9974992182
Parul Institute of Social Work, Parul University
Wagodiya Vadodara, Gujarat

ABSTRACT

Genetics plays a role, to a greater or lesser extent, in all diseases. Variations in our DNA and differences in how that DNA functions (alone or in combinations), alongside the environment (which encompasses lifestyle), contribute to disease processes. This review explores the genetic basis of human disease, including single gene disorders, chromosomal imbalances, epigenetics, cancer and complex disorders, and considers how our understanding and technological advances can be applied to provision of appropriate diagnosis, management and therapy for patients.

KEYWORDS

Cancer, genetics, genomics, molecular basis of health and disease.

INTRODUCTION

When most people consider the genetic basis of disease, they might think about the rare, single gene disorders, such as cystic fibrosis (CF), phenylketonuria or haemophilia, or perhaps even cancers with a clear heritable component (for example, inherited predisposition to breast cancer). However, although genetic disorders are individually rare, they account for approximately 80% of rare disorders, of which there are several thousand. The sheer number of rare disorders means that, collectively, approximately 1 in 17 individuals are affected by them. Moreover, our genetic constitution plays a role, to a greater or lesser extent, in all disease processes, including common disorders, as a consequence of the multitude of differences in our DNA. Some of these differences, alone or in combinations, might render an individual more susceptible to one disorder (for example, a type of cancer), but could render the same individual less susceptible to develop an unrelated disorder (for example, diabetes). The environment (including life-style) plays a significant role in many conditions (for example, diet and exercise in relation to

diabetes), but our cellular and bodily responses to the environment may differ according to our DNA. The genetics of the immune system, with enormous variation across the population, determines our response to infection by pathogens. Furthermore, most cancers result from an accumulation of genetic changes that occur through the lifetime of an individual, which may be influenced by environmental factors. Clearly, understanding genetics and the genome as a whole and its variation in the human population, are integral to understanding disease processes and this understanding provides the foundation for curative therapies, beneficial treatments and preventative measures.With so many genetic disorders, it is impossible to include more than a few examples within this review, to illustrate the principles. For further information on specific conditions, there are a number of searchable internet resources that provide a wealth of reliable detail.

THERE ARE THREE TYPES OF GENETIC DISORDERS

- Single-gene disorders, where a mutation affects one gene. Sickle cell anemia is an example.
- Chromosomal disorders, where chromosomes (or parts of chromosomes) are missing or changed.
- Complex disorders, where there are mutations in two or more genes.

REVIEW OF LITERATURE

REVIEW: Understanding Rare Genetic Diseases in Low Resource Regions like Jammu and Kashmir – India

Rare diseases (RDs) are the clinical conditions affecting a few percentage of individuals in a general population compared to other diseases. Limited clinical information and a lack of reliable epidemiological data make their timely diagnosis and therapeutic management difficult. Emerging Next-Generation DNA Sequencing technologies have enhanced our horizons on patho-physiological understanding of many of the RDs and ushered us into an era of diagnostic and therapeutic research related to this ignored health challenge. Unfortunately, relevant research is meager in developing countries which lack a reliable estimate of the exact burden of most of the RDs. India is to be considered as the “Pandora’s Box of genetic disorders.” Owing to its huge population heterogeneity and high inbreeding or endogamy rates, a higher burden of rare recessive genetic diseases is expected and supported by the literature findings that endogamy is highly detrimental to health as it enhances the degree of homozygosity of recessive alleles in the general population. The population of a low resource region Jammu and Kashmir (J&K) – India, is highly inbred. Some of its population groups variably practice consanguinity. In context with the region’s typical geographical topography, highly inbred population structure and unique but heterogeneous gene pool, a huge burden of known and uncharacterized genetic disorders is expected. Unfortunately, many suspected cases of genetic disorders remain undiagnosed or misdiagnosed due to lack of appropriate clinical as well as diagnostic resources in the region, causing patients to face a huge psycho-socio-economic crisis and many a time suffer life-long with their ailment. In this review, the major challenges associated with RDs are highlighted in general and an account on the methods that can be

adopted for conducting fruitful molecular genetic studies in genetically vulnerable and low resource regions is also provided, with an example of a region like J&K – India.

RARE DISEASES: SOME FACTS

Rare diseases are caused by function-altering variation(s) in a single gene, and hence are referred to as "single gene disorders" or "monogenic disorders" (Boycott et al., 2017). There is no single universal definition for prevalence of known RDs. The base prevalence rate of RDs set by the World Health Organization (WHO) is approximately 1 in 2,000 people (Lopes et al., 2018). However, different nations have their own definitions for the prevalence of RDs which is mostly based on the prevalence of a disease in their own population, status of health care system and availability of resources.

PROBLEMS FACED BY THE PATIENTS AND THEIR FAMILIES

RDs patients and their families face huge psycho-socio-economic burden due to social isolation, difficulty in accessing appropriate health care services, delay in diagnosis, and uncertainty about their future and financial hardships. Most of the RDs are often severely disabling, impair the overall abilities of the patients, and substantially reduce the quality of their life and life expectancy. About half of the RDs appear in early childhood which makes it hard or impossible for the young patients to attain their education in the schools or colleges (Zurynski et al., 2008). The patients and their families also have to experience social stigma in the form of social isolation and overall discrimination. Due to fear of social stigma compounded by lack of awareness on their health condition (whether being an inherited or genetic disorder), many a times patients intentionally do not get a clinical consultation. This, in turn, directly impacts the reliability of the patient-registries since these patients do not get registered in the hospitals. Patients generally struggle to find specialized clinicians having sound knowledge and experience in Clinical Genetics. Besides, a long-term search for an accurate diagnosis of RDs, referred to as the "diagnostic odyssey," usually incur a huge medical expenditure with unsuccessful attempts and consumption of limited resources which has its own financial implications on the patient's family as raising a disabled child is relatively expensive than for a normal child (Zurynski et al., 2008; Yang et al., 2013).

DIAGNOSTIC CHALLENGES OF RARE DISEASES

Establishing the precise diagnoses for RDs is usually difficult. Their diagnosis is highly dependent on the access to diagnostic testing and requires determination of the underpinning genetic cause (Boycott and Ardigo, 2018). Factors including clinical heterogeneity, co-morbidity and varying disease course among different RDs patients highly demand a differential diagnosis of the disease with which they suffer life-long (Romdhane et al., 2016; Benjamin et al., 2017). However, establishing differential diagnosis is a meticulous and time-consuming task incurring a diagnostic odyssey that usually relies on the skills of concerned clinician and the diagnostic tests that a patient has to undergo.

Since 2010, Next-Generation Sequencing (NGS) has accelerated the rate of RDs diagnosis. Although NGS has significantly accelerated the rate of precision diagnoses in RDs patients, but with a diagnostic yield of only 25–50% (Li et al., 2018). For the remaining significant fraction of patients comprising of the ones presenting complex phenotypes, it fails to yield any confirmed diagnosis due to several technical limitations (Wenger et al., 2017). However, many approaches pertaining to genetic diagnosis have recently emerged.

CHALLENGES FACED IN RD-RELATED R&D AND THERAPEUTICS

The RDs-related R&D is highly complicated and impeded by several challenging issues including a huge knowledge gap about the underpinning causes of distinct RDs, lack of an international standard code for their classification, assembling cohorts of patients for conducting a research study owing to their distinct rare prevalence, and insufficient funding opportunities on RDs-research. These challenges, further, compound the determination of suitable therapeutic interventions and development of particular drug molecules for targeting a specific clinical condition. No single institution and/or country have a sufficient figure on the number of affected individuals for carrying out a generalized clinical and translational research. This could be mainly attributed to the International Classification of Diseases (ICD) system used in many countries for disease classification. The ICD is not suitable for most of the RDs which further hampers inclusion of national and international patients' registries into reliable epidemiological databases and lead to non-reliable assessment of their economic and social burden (Schieppati et al., 2008). The other major reason is that some RDs occur so infrequently (<1 in 1,000,000 population) that only by conducting international population-based study can sufficient numbers of geographically dispersed patients be accrued for a clinical investigation so that a higher power study could be yielded. Recruitment of such a number of patients into a research study is further impeded by the lack of reliable patient registries which subsequently lead to non-reliable assessment of disease burden, imprecise cost estimations of resource consumption involved in the whole process of research, drug development and clinical trials for developing a suitable disease management or therapeutic strategy, and missing out a potential funding opportunity (Schieppati et al., 2008). Funding and policy-making has also been a major obstacle in establishing infrastructure for maintaining registries of the patients (Forrest et al., 2011). Although for some of the disorders, national and/or international patient registries have been regularly maintained by different associations, yet there is no recognition for most of these at the Government level due to lack of or limited documentation of RDs patients in the local hospitals (Schieppati et al., 2008).

BURDEN OF GENETIC DISORDERS IN INDIA

Population stratification in India has added to the country's population diversity and gene pool. A high inbreeding rate in some specific Indian population clusters hint toward a relatively higher burden of specific genetic diseases and founder variations. India is, thus, considered as a unique hotspot of inherited genetic disorders and variations. With India's recent accelerating clinical demographic switch to non-communicable diseases, congenital malformations/birth

defects and genetic disorders have emerged as the major causes of mortality in the perinatal period (Verma and Bijarnia, 2002). A higher burden of inherited genetic disorders and variations highlights the importance of dissecting the genetic etiology and pathogenesis of several recessive disorders and complex diseases in India.

Brief accounts on the population stratification, inbreeding, genetic disorders, and genetic services in India are as follow:

POPULATION ARCHITECTURE OF INDIA

India, the world's second most populous country, holds the distinction of being the sixth largest home to more than one-sixth of the global human population (Aggarwal and Phadke, 2015). During prehistoric and historic times, the country has served as a major corridor for different migratory waves of anatomically modern humans (Majumder and Basu, 2014). These migratory events have significantly contributed to high heterogenic population stratification in the inhabiting Indian population groups in terms of their religious, socio-cultural, linguistic and racial backgrounds. In an evolutionary context, the population diversity in India has been considered as a result of admixture of multiple migratory populations and invaders belonging to the northwestern and eastern corners of the globe that had entered into the country by following land and coastal routes (Basu et al., 2016). Genetic studies have indicated that the modern Indian population is as an admixture of five large ancestral, genetically divergent, heterogeneous population groups. The ancestral groups comprising the Indian mainlanders include the "Ancestral North Indian (ANI)," "Ancestral South Indian (ASI)," "Ancestral Austro-Asiatic (AAA)" and "Ancestral Tibeto-Burman (ATB)," and a separate ancestral group named the "Ancient Ancestral South Indian (AASI) – related" for the people of the Andaman archipelago (Basu et al., 2016;Narasimhan et al., 2018). However, the current Indian population can also be categorized into four ethno-racial groups namely the "Australoids," "Caucasoids," "Mongoloids," and "Negritos," stratified into more than 4,000 anthropologically distinct population groups having their individual linguistic profiles (Aggarwal and Phadke, 2015). Based on religious-socio-cultural backgrounds, the Indian population is further sub-classified into different religious groups, castes and tribes. A vast majority (~80%) of the Indian population comprises of the Hindu population groups which is further sub-divided into castes and sub-castes, about 8% is represented by the tribal populations while the rest of the population is comprised of other religious groups such as Muslims, Christians, Buddhists, Jews, Sikhs, and others (Indian Genome Variation Consortium, 2005).

INBREEDING IN INDIA

The contemporary Indian population groups is an agglomeration of several thousands of separate endogamous groups (>50,000) residing in topographically alienated pockets, many of which have been in existence for at least 100 generations (Mcelreavey et al., 2005). These groups represent distinct conservative breeding pools in which marriages are usually restricted within same religion, caste and biraderi according to the customs dating back to some 3,000 years (Bittles et al., 2002). In India, the establishment of marital relationships among individual population groups is guided by different regulations which are usually based on their distinct

religious-socio-cultural norms. For instance, the Hindu religious group is structured into several hierarchical socio-cultural groups called varnas (Brahmins, Kshatriyas, Vaishyas, Shudras) which are sub-divided into castes (or jatis) (Indian Genome Variation Consortium, 2005). The population groups based on varnas and castes are usually endogamous. Each caste group is sub-divided into patrilineal groups or sub-castes known as gotras, each representing an exogamous group. The tribal sections or the ancestor-worshippers are mainly endogamous (Indian Genome Variation Consortium, 2005).

Nevertheless, consanguinity is also practiced as a custom in some specific Indian population groups, with rate of consanguinity ranging between 20 and 30% (Bittles, 2002a). Among the Indian Hindus, non-uniform views pertaining to consanguinity subsist with more complex marriage regulations (Bittles and Black, 2010a). According to a general prohibition dating back to 200 BC, the majority Hindu population in the northern, eastern, and north-eastern states rigorously forbid consanguinity by avoiding same "gotra" marriage including those between kins and between a man and his father's sister's or mother's sister's or mother's brother's daughter; though a long tradition of first-cousin marital union, uncle-niece marriage and marriage between a man and his maternal uncle's daughter is prevalent among Dravidian Hindus belonging to southern India and in most Christian denominations, mostly reported from rural communities and among the underprivileged (including the poorest, illiterate, and least educated) groups (Hussain and Bittles, 2000; Bittles, 2002b). First-cousin marriage, particularly between a man and his maternal uncle's daughter, is generally preferred in Andhra Pradesh, Karnataka, and Tamil Nadu and in Kerala, Goa, and southern Maharashtra to a lesser extent (Bittles, 2002a). The Muslim religious group practice consanguinity at a higher rate with no comparable north-south distinction in consanguinity, as indicated in Table 1 (Bittles, 2002b). Although consanguineous marriages are forbidden in the Sikh religion, some minority Sikh groups in India appear to exercise flexibility in the observance of this proscription by allowing first- or second-cousin marriages (Table 1) (Bittles, 2002b).

RESEARCH METHODOLOGY

APPENDIX C GENETIC TESTING METHODOLOGIES

As the number of genetic tests has expanded rapidly over the last decade, so have the different types of genetic testing methodologies used. The type of test employed will depend on the type of abnormality that is being measured. In general, three categories of genetic testing are available-cytogenetic testing, biochemical testing, and molecular testing—to detect abnormalities in chromosome structure, protein function and DNA sequence, respectively.

Cytogenetic Testing. Cytogenetics involves the examination of chromosomes and their abnormalities. Chromosomes of a dividing human cell can be clearly analyzed in white blood cells, specifically T lymphocytes, which are easily collected from blood. Cells from other tissues such as bone marrow, amniotic fluid, and other tissue biopsies can also be cultured for cytogenetic analysis. Following several days of cell culture, chromosomes are fixed, spread on microscope slides and then stained. The staining methods for routine analysis allow each of the chromosomes to be individually identified. The distinct bands of each chromosome revealed by staining allow for analysis of chromosome structure.

Fluorescent in situ hybridization (FISH) is a process which vividly paints chromosomes or portions of chromosomes with fluorescent molecules to identify chromosomal abnormalities (e.g., insertions, deletions, translocations and amplifications). FISH is commonly used to identify specific chromosomal deletions associated with pediatric syndromes such as DiGeorge syndrome (del22) and cancers such as chronic myelogenous leukemia (BCR-ABL 9;22) and Bcell Lymphoma (IgH-BCL2 14;18).

Biochemical Testing. Clinical testing for a biochemical disease utilizes techniques that examine the protein instead of the gene. Many biochemical genetic diseases are known as 'inborn errors of metabolism' since they are present at birth and disrupt a key metabolic pathway. Depending on the disease, tests can be developed to directly measure protein activity (enzymes), level of metabolites (indirect measurement of protein activity), and the size or quantity of protein (structural proteins). These tests require a tissue sample in which the protein is present, typically blood, urine, amniotic fluid, or cerebrospinal fluid. Because proteins are more unstable than DNA and can degrade quickly, the sample must be collected and stored properly and shipped promptly according to the laboratory's specifications.

A variety of technologies enable both qualitative detection and quantitative determination of metabolites such as high performance liquid chromatography (HPLC), gas chromatography/ mass spectrometry (GC/MS), and MS/MS. In addition, bioassays may employ fluorometric (e.g., beta-galactosidase), radioisotopic (e.g., galactosemia), or thin layer chromatography (e.g., mucopolysaccharidosis) methods.

Molecular Testing. Direct DNA analysis is possible only when the gene sequence of interest is known. For small DNA mutations, direct DNA testing may be the most effective methodology, particularly if the function of the protein is not known and a biochemical test cannot be developed. A DNA test can be performed on any tissue sample and require very small amounts of sample. Several different molecular technologies can be used to perform testing including direct sequencing, polymerase chain reaction-based assays (PCR), and hybridization. PCR is a commonly used procedure used to amplify targeted segments of DNA through repeated cycles of denaturation (heat-induced separation of double-stranded DNA), annealing (binding of specific primers of the target segment to parent DNA strand), and elongation (extension of the primer sequences to form new copy of target sequence). The amplified product can then be further tested, such as by digestion with a restriction enzyme and gel electrophoresis to detect the presence of a mutation/polymorphism.

For some genetic diseases, many different mutations can occur in the same gene and result in the same disease, making molecular testing challenging. For example, more than 800 mutations in the cystic fibrosis transmembrane conductance regulator (CFTR) can cause cystic fibrosis (CF). It would impractical to sequence the entire CFTR gene to identify the causative mutation since the gene is quite large. However, since the majority of CF cases are caused by approximately 30 mutations, this group of mutations is first tested before more comprehensive testing, such as sequencing, is performed.

RESOURCE

1. https://www.frontiersin.org/articles/10.3389/fgene.2020.00415/full
2. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6279436/
3. https://www.genome.gov/For-Patients-and-Families/Genetic-Disorders
4. https://www.mdpi.com/journal/genes/sections/HGGD
5. https://www.cdc.gov/genomics/about/basics.htm

8

CAUSES OF INFERTILITY IN WOMEN AT REPRODUCTIVE AGE

Ms. Nishi Shah

Email – nishishah1801@gmail.com

Parul University of Social Work

Vadodara, Gujarat (India)

ABSTRACT

Infertility is a global health issue affecting approximately 8-10% of couples. It is a multi-dimensional problem with social, economic and cultural implications, which can take threatening proportions in countries with strong demographic problems, such as Greece. Lately, an increasing number of couples with infertility problems choose artificial insemination. The purpose of the study was to investigate the causes of infertility in women of reproductive age. The prevalence of obesity in infertile women is high, and it is well known that there is an association between obesity and infertility. The relationship between obesity and reproductive functions is still being explored. Overweight women have a higher incidence of menstrual dysfunction and anovulation. Overweight and obese women are at a high risk for reproductive health. The risk of sub-fecundity and infertility, conception rates, miscarriage rates, and pregnancy complications are increased in these women. They have poor reproductive outcomes in natural as well as assisted conception. These poor reproductive outcomes include assisted reproduction such as ovulation induction, in vitro fertilization/intracytoplasmic sperm injection (IVF/ICSI), and ovum donation cycles. Weight loss has beneficial effects on the reproductive outcomes in these patients.

KEYWORDS

Infertility - female reproductive age - causes of infertility

INTRODUCTION

Childbearing and caregiving of children are extremely important events in every human's life and are explosively associated with the ultimate pretensions of absoluteness, happiness and family integration. It's extensively accepted that mortal actuality reaches absoluteness through a child and fulfils the existent's need for reduplication. mortal fertility, compared with other species of beast area, is unfortunately low. 1- 4 According to recent studies by the World

Health Organization (WHO), roughly 8- of couples are facing some kind of gravidity problem. Encyclopedically, this means that - 80 million people (about twice the population of California) are facing the problem of getting an intertwined family. In the USA, roughly 5 million people (about twice the population of Mississippi) have gravidity problems, while in Europe the prevalence is estimated to be around 14. 1- 4 The prevalence of gravidity is associated with geographic differences. For illustration, in some west- African communities gravidity rate is around 50, while in some western European countries is 12. Likewise, differences are observed both in developed countries, where rates range from3.5 to, as well as in less developed countries, where rates of gravidity range from6.9 to. It has also been observed that the causes are related to geographical differences. Especially in Western countries, the most common threat factor of gravidity is age, while in Africa is sexually transmitted diseases.1-4 Gravidity is defined as the incapability of getting pregnant after trying for at least 6 months or one time, for women over 35 times old, without use of birth control means and while having normal sexual intercourse. supported reduplication includes all the styles used for fertilization, which is not achieved through sexual intercourse.5 In the history, people had little control over their fertility and couples that couldn't get a child had no other choice but to accept the fact. In discrepancy, although moment gravidity is a fairly common problem that touches deeply the soul of couples involved in this, medical wisdom has increased the chances of giving results to the problem with the supported Reproduction. The first successful fertilization of mortal eggs in the laboratory was in 1978. The fact of the first child- birth by this process was a real corner because it gave stopgap to the infertile couples as it offered a possible result to the problem. Likewise, in the USA, the first successful parturition in 1981 through supported Reproduction led to fleetly adding operation of this system and the creation of technical centers. 5- 6 The purpose of this study was to probe the causes of gravidity in women of reproductive age.

Infertility consists by definition in" failure to achieve a clinical pregnancy after 12 months or more of regular unprotected intercourse" while the term subfertility means a delay to achieve pregnancy. Several factors can contribute to infertility or subfertility in patients with systemic autoimmune diseases. The association of systemic autoimmune conditions with endometriosis, celiac disease and thyroid autoimmunity that are well known causes of infertility and/or subfertility need to be taken in consideration when difficulties in the onset of pregnancy is reported. The majority of the used antirheumatic drugs do not interfere with fertility. However, the use of cyclophosphamide, limited to severe disease, can provoke premature ovarian failure; to preserve fertility a preventive treatment is available. Nonsteroidal anti-inflammatory drugs can cause temporary infertility and corticosteroids are associated to a prolonged time to pregnancy in some rheumatic diseases. Data on the association of anti-phospholipid antibodies (aPL) with infertility are still debated but in general an increased rate of aPL is described patients undergoing medically assisted reproductive techniques. In systemic lupus erythematosus aPL and other autoantibodies (i.e. anti-oocytes) can contribute to the infertility of some patients. Subfertility, rather than infertility, is observed in patients with rheumatoid arthritis; the particular physical conditions of these women can also account for this. Physicians should not forget the patients' age, that is mandatory in order to preserve their chance to have children.

CONCLUSION

Childbearing and family are considered a rights. Infertility is a health problem that requires appropriate treatment strategy. Modern medical science has developed advanced therapies to assist reproduction over the last 20 years. The main causes of female infertility are the problems of the fallopian tubes, disorders of menstrual cycle, problems in the uterus, sexual disorders, age, ovarian failure, and other unknown causes. The Greek state must try to understand the problem of this portion of the population and show interest, to allocate the necessary resources to solve it. The medical and socio-economic support of infertile women, which means easier access to medical services, higher insurance coverage, roader social support, and information are important requirements for resolving the problem.

REFERENCES

1. https://www.researchgate.net/profile/Agoritsa-Koulouri-2/publication/289067504_Causes_of_infertility_in_women_at_reproductive_age/links/57e2b33708ae0e3158a6b58a/Causes-of-infertility-in-women-at-reproductive-age.pdf
2. https://doi.org/10.1016/j.beem.2019.101369

9

CONCEPT PAPER ON HEART ATTACK SYMPTOMS IN WOMEN

Ms. Zeel Patel

Email: pzeel8046@gmail.com

Contact no: 9510660377

Parul University of social work

ABSTRACT

The lack of blood flow can occur because of many different factors but is usually related to a blockage in one or more of your heart's arteries. Without blood flow, the affected heart muscle will begin to die. If blood flow isn't restored quickly, a heart attack can cause permanent heart damage and death. A heart attack happens when a conduit to the heart turns out to be completely blocked and blood stream to part of the heart is halted. This denies the heart of oxygen, and part of the heart muscle begins to bite the dust. Early medicinal treatment is basic to guarantee this harm is not perpetual. Coronary artery disease is blockage of the coronary supply routes, the veins that give blood to the heart. Much of the coronary artery disease individuals experience is brought on by atherosclerosis, which is also known as hardening of the arteries. Coronary artery infection can grow gradually and take decades before it produces symptoms, or it can come on suddenly. Left untreated, it can prompt angina or intense myocardial dead tissue.

KEYWORDS

Heart attack, symptoms, women.

INTRODUCTION

The most common heart attack symptom in women is the same as in men — some type of chest pain, pressure or discomfort that lasts more than a few minutes or comes and goes. But chest pain is not always severe or even the most noticeable symptom, particularly in women. Women often describe heart attack pain as pressure or tightness. And it's possible to have a heart attack without chest pain.

Women are more likely than men to have heart attack symptoms unrelated to chest pain, such as:

- Neck, jaw, shoulder, upper back or upper belly (abdomen) discomfort

- Shortness of breath
- Pain in one or both arms
- Nausea or vomiting
- Sweating
- Lightheadedness or dizziness
- Unusual fatigue
- Heartburn (indigestion)

These symptoms may be vague and not as noticeable as the crushing chest pain often associated with heart attacks. This might be because women tend to have blockages not only in their main arteries but also in the smaller ones that supply blood to the heart — a condition called small vessel heart disease or coronary microvascular disease.

Compared with men, women tend to have symptoms more often when resting, or even when asleep Emotional stress can play a role in triggering heart attack symptoms in women.

Because women's heart attack symptoms can differ from men's, women might be diagnosed less often with heart disease than are men. Women are more likely than men to have a heart attack with no severe blockage in an artery (nonobstructive coronary artery disease).

Heart Attack Risk Factors for Women

There are several factors that increase your chance of developing heart disease. Almost 50% of all Americans have at least one of three major risk factors for the condition:

- High blood pressure: Women can develop high blood pressure as a side effect of birth control pills or during pregnancy. All women over 65 are more likely than men are to have high blood pressure.
- High cholesterol: Estrogen seems to protect women against unhealthy levels of cholesterol. But after menopause, estrogen levels drop, and high cholesterol becomes more likely.
- Smoking: Although men are slightly more likely to smoke, the gap in cigarette usage between genders is smaller than ever and women are less likely to be able to quit successfully.

Additional risk factors include:

- Diabetes
- Obesity
- Family history of heart disease
- Age (risk increases as you get older)
- Unhealthy diet
- Physical inactivity

HEART ATTACK SYMPTOMS IN WOMEN

Although many people think heart attacks happen mostly to men, heart disease is the leading cause of death for both men and women. So, it's just as important for women of every age to recognize heart attack signs and seek immediate medical attention.

For most people — men and women — chest pain or discomfort is the primary symptom of a heart attack. However, women are more likely than men are to have less recognizable heart attack symptoms, such as:

- Pain or discomfort in different parts of the upper body (back, neck, jaw, arms or stomach)
- Shortness of breath
- Lightheadedness
- Cold sweats
- Fatigue
- Chest pain, pressure, or discomfort
- Discomfort in the neck, jaw, shoulder, upper back, or abdominal
- Pain in one or both arms
- Nausea or vomiting
- Sweating without an obvious reason, like exercise or hot flashes

HOW CAN I REDUCE MY RISK OF HAVING A HEART ATTACK?

Although there are several risk factors that you can't control, there are many ways you can help yourself and reduce your risk of a heart attack. These include:

- Schedule a checkup: Find a primary care provider and see them at least once a year for a checkup or wellness visit. An annual checkup can catch many of the early warning signs of heart disease, including signs that you can't feel. These include your blood pressure, blood sugar levels, cholesterol levels and more.
- Quit tobacco products: This includes smokeless tobacco and all vaping products.
- Exercise regularly: Aim for 30 minutes of moderately intense physical activity five days a week.
- Eat a healthy diet: Examples include the Mediterranean or Dash diets. A plant-based diet approach is an excellent alternative.
- Maintain a weight that's healthy for you: Your primary care provider can advise you on a healthy goal weight and provide you resources and guidance to help you reach that goal.
- Manage your existing health conditions: This includes high cholesterol levels, high blood pressure and diabetes.
- Reduce your stress: Consider techniques such as yoga, deep breathing and meditation.

- Take your medications as prescribed: Don't just take medications when you remember to or when you have a doctor's appointment coming up.
- Keep all your medical appointments: Seeing your healthcare providers regularly can help uncover heart-related issues or other medical problems you didn't know you had. This can also help treat problems sooner rather than later.

Symptoms of a heart attack may present differently in a man versus a woman. When "time is muscle" knowing the classic and associated symptoms of a heart attack, as well as less common symptoms, can help lessen damage and potentially save your life.

A heart attack occurs when the blood flow to a part of the heart is blocked by a blood clot. If this clot cuts off the blood flow completely, the part of the heart muscle supplied by that artery begins to die. Long thought to be something that affects men more than women, heart attacks and strokes are now understood to be equal opportunity afflictions. In fact, heart disease is the leading cause of death for both men and women and 90 percent of women have one or more risk factors for a stroke or heart disease.

A 15-year study revealed that while awareness of the risks has increased among women, it still lags among young women and minorities. In 2012, 56 percent of women identified heart disease as a leading cause of death (only 30 percent did so in 1997), but women ages 25-34 had the lowest awareness rate regarding heart disease of any group of women at 44 percent.

Fewer women than men survive heart attacks, too, which makes it even more important to understand that the symptoms of a heart attack and stroke can be quite different from another.

A heart attack happens when blood flow to the heart gets cut off. This is usually due to cholesterol plaque buildup creating a blockage in an artery. It's different from (but often gets confused with) sudden cardiac arrest, which is when an electrical problem in the heart causes it to stop pumping blood effectively.

Between 2013 and 2016, 3.3 million women in the United States had a heart attack.

The best-known and indeed most common symptom is chest pain. But that's far from the only symptom.

Though anyone can experience out-of-the-ordinary heart attack symptoms, women are more likely to. This is what Dr. Kathleen Kearney, an interventional cardiologist at UW Medicine's Heart Institute, likes to emphasize to her patients.

"Up to half of women won't have chest pain, whereas around 30% of men presenting with a heart attack won't describe chest pain.

THE DANGER OF BELIEVING HEART ATTACK MYTHS

Aside from pop culture's fixation on old men — and no one else — having heart attacks, there's another very real reason why people think men are more at risk: history.

"Several decades ago, when we first started treating heart attacks, men did get them more than women, and life expectancy was different. In '70s and early '80s men were dying more often

from heart attacks than women," Kearney says.

For example, research has found that women who have heart attacks don't always get the same medicines and treatments that men get, which means many women aren't being given adequate treatment.

Some research suggests women have a higher risk of dying after a heart attack, but that women who are treated by female doctor's fare better. Racial disparities also exist, as more black women than white women die from heart disease.

Young women have "highest risk."

Age combined with gender also comes into play. While most women who get heart attacks are older — on average, women are a decade older than men when they first have one — there is a smaller but significant subset of younger women who are at risk but whose risk isn't recognized.

"The group that's at highest risk for worse outcomes are younger women," Kearney says.

She says this not because young women have a greater overall risk, but because when they do have heart attack symptoms the patients and doctors are more inclined to think those symptoms are caused by something else.

MAKING HEART ATTACK TREATMENT MORE EQUITABLE

Overall, treatment for heart attacks has improved greatly in the past few decades.

Advanced detection techniques to identify artery blockages, stent procedures and other treatments that prevent further damage, and more thorough prevention efforts for people with existing heart disease have all made a difference, Kearney says.

This is especially true in the Seattle area, where the emergency medical provider Medic One partners with Harborview Medical Center to offer paramedics advanced training and support. As a result, local paramedics provide better care to heart attack patients.

WOMEN NEED TO BE SELF-ADVOCATES

Women should also advocate for themselves and their loved ones, Kearney says. If you feel like your symptoms or pain are being dismissed — in any situation, not just if you're concerned about your heart — speak up. You have a right to get quality medical care and have your concerns taken seriously.

The best thing you can do for yourself is to take steps before you develop heart disease to minimize your risk. The younger you start, the better.

The top three risk factors for a heart attack are high blood pressure, high cholesterol and smoking. Other risk factors include things like having a chronic disease like diabetes or kidney disease, being overweight or obese, and being physically inactive.

A silent heart attack is just like any other — and just as damaging. Your heart needs oxygen-rich blood to function. If plaque (which consists of fat, cholesterol, and other substances) builds up in the arteries that carry blood to the heart, this blood flow can be significantly or completely cut off.

The longer your heart doesn't have blood flow, the more damage that occurs. Because silent heart attacks may go unnoticed, they can cause a significant amount of damage. And without treatment, they can be deadly.

The good news is that you can prepare by knowing these 4 silent signs of a heart attack.

Four Signs of a Silent Heart Attack

1. Chest Pain, Pressure, Fullness, or Discomfort

Sometimes the pain from a heart attack is sudden and intense, which makes them easy to recognize and get help. But, what about when it's not?

Most heart attacks actually involve only mild pain or discomfort in the center of your chest. You may also feel pressure, squeezing, or fullness. These symptoms usually start slowly, and they may go away and come back.

This can be complicated because these symptoms may be related to something less serious, such as heartburn. You know your body best, though. If you feel like something's not right, you need to be evaluated by a physician or even head to the emergency room.

2. Discomfort in other areas of your body

A heart attack doesn't just affect your heart — you can feel the effects throughout your whole body. But this can make identifying a heart attack confusing.

You may experience pain or discomfort in your:

- Arms (one or both)
- Back
- Neck
- Jaw
- Stomach

These symptoms can vary from person to person. For example, some people describe their back pain from a heart attack as feeling like a rope being tied around them. You may also feel a heavy pressure on your back. Either way, if you think you're experiencing any of these less obvious signs of a heart attack, don't ignore them.

3. Difficulty breathing and dizziness

If you feel like you've just run a marathon, but you only walked up the stairs, that might be a sign your heart isn't able to pump blood to the rest of your body. Shortness of breath can occur with or without chest pain, and it's a common sign of a silent heart attack.

You may also feel dizzy or lightheaded — and it's possible you could faint. Though this can happen to both men and women, it's more common for women to experience shortness of breath.

If you're having trouble with tasks that weren't previously difficult, such as making the bed or walking the dog, make sure you get it checked out in case it's a subtle sign of a heart attack.

4. Nausea and cold sweats

Waking up in a cold sweat, feeling nauseated, and vomiting may be symptoms of the flu, but they can also be signs of a silent heart attack.

You may know what the flu feels like because you've had one before, but when your gut is telling you that these flu-like symptoms are something more serious, listen. Don't chalk these symptoms up to the flu, stress, or simply feeling under the weather — they may be much more serious than that.

CONCLUSION

The lack of blood flow can occur because of many different factors but is usually related to a blockage in one or more of your heart's arteries. Without blood flow, the affected heart muscle will begin to die. If blood flow isn't restored quickly, a heart attack can cause permanent heart damage and death.

REFERENCE

1. https://www.mayoclinic.org/diseases-conditions/heart-disease/in-depth/heart-disease/art-20046167
2. https://www.texashealth.org/Health-and-Wellness/Heart-and-Vascular/Women-and-Heart/Heart-Attack-Symptoms-in-Women
3. https://www.hopkinsmedicine.org/health/conditions-and-diseases/heart-attack/heart-attacks-striking-younger-women

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TO STUDY THE "IMPACT OF DEPRESSION ON INDUSTRIES EMPLOYEE"

1* Mr. Sohan Shivaji Borka

Student of Human Resource Management

E-mail:- borkarsohan12@gmail.com

Contact no: - 9511924862

2* Yashviben Patel

Student of Human Resource Management

E-mail:- patelyashvi912@gmail.com

Contact no:-9099182844

Parul Institute of Social Work, Parul University,

Waghodiya Vadodara, Gujarat (India)

ABSTRACT

Major depression is a mood disorder characterized by a sense of inadequacy, despondency, decreased activity, pessimism, anhedonia and sadness where these symptoms severely disrupt and adversely affect the person's life, sometimes to such an extent that suicide is attempted or results. The search for an extended understanding of the causes of depression, and for the development of additional effective treatments is highly significant. Clinical and pre-clinical studies suggest stress is a key mediator in the pathophysiology of depression.

The focus of this study is to ***investigate the effect of despair and anxiety on workers' overall performance.*** *The research is extensive in nature as it demonstrates how to overcome unhappiness and maintain employees' effectiveness and depression-free. The consolidated speculation has been well-known, implying that despair and anxiety have negative effect on employees' overall performance, i.e., if people are unhappy, they would not contribute effectively. Employees who are depressed, are considered as a problem instead of solution, for this reason it's far critical for corporations to preserve their personnel out of depression, hold a wholesome work environment, and preserve to adopt recognition applications to make sure that they are taken care of by the company in all aspects. The study might be useful resource for businesses in recognizing depressive signs, and organizations should overcome depression with a view to accomplish long term oriented organizational objectives.*

KEYWORDS

Mental health, productivity, workplace, stress, depression.

I. INTRODUCTION

Depression is a mood disorder that causes a persistent feeling of sadness and loss of interest. Also called major depressive disorder or clinical depression, it affects how you feel, think and behave and can lead to a variety of emotional and physical problems. You may have trouble doing normal day-to-day activities, and sometimes you may feel as if life isn't worth living.

More than just a bout of the blues, depression isn't a weakness and you can't simply "snap out" of it. Depression may require long-term treatment. But don't get discouraged. Most people with depression feel better with medication, psychotherapy or both.

Depression and Work:-

Without treatment, your depression can affect your work performance. Employees with depression may be present at work but aren't really focused or engaged and may miss several days of work due to symptoms of their workplace depression.

This is tricky because you may need to take some time off if your depression is caused by work. However, studies show that taking off too much time and breaking with structure and routine can worsen your depression. In both cases, the best way to deal with depression while you›re at work is to avoid unnecessary stress.

To make working with depression easier, you should consider letting your employer and coworkers know what you are going through. This way, they can offer support and work with you to find the best plan of action.

Flexible schedule:-

Ask your employer about creating a more flexible schedule. As depression often interferes with sleep, maybe starting a little later might help relieve some of your stress when it comes to working.

Research suggests that flexible schedules increase productivity in the workplace. Ask your employer how you can make a plan that works for both of you so that you can put in your best effort each day.

Break up big tasks:-

To improve your concentration and focus, break up your tasks into smaller parts. After completing a part of a task, take a five-minute break to refresh and relax before tackling the next item on your list. You'll also feel more accomplished when completing all of these smaller tasks, giving you more motivation to keep going.

Symptoms:-

Although depression may occur only once during your life, people typically have multiple episodes. During these episodes, symptoms occur most of the day, nearly every day and may include:

- Feelings of sadness, tearfulness, emptiness or hopelessness
- Angry outbursts, irritability or frustration, even over small matters
- Loss of interest or pleasure in most or all normal activities, such as sex, hobbies or sports
- Sleep disturbances, including insomnia or sleeping too much
- Tiredness and lack of energy, so even small tasks take extra effort
- Reduced appetite and weight loss or increased cravings for food and weight gain
- Anxiety, agitation or restlessness
- Slowed thinking, speaking or body movements
- Feelings of worthlessness or guilt, fixating on past failures or self-blame
- Trouble thinking, concentrating, making decisions and remembering things
- Frequent or recurrent thoughts of death, suicidal thoughts, suicide attempts or suicide
- Unexplained physical problems, such as back pain or headaches

Treatment and Therapies:-

Depression, even the most severe cases, can be treated. The earlier treatment begins, the more effective it is. Depression is usually treated with medications, psychotherapy, or a combination of the two. If these treatments do not reduce symptoms, electroconvulsive therapy (ECT) and other brain stimulation therapies may be options to explore.

Medications:-

Antidepressants are medicines commonly used to treat depression. They may help improve the way your brain uses certain chemicals that control mood or stress. You may need to try several different antidepressant medicines before finding the one that improves your symptoms and has manageable side effects. A medication that has helped you or a close family member in the past will often be considered.

Antidepressants take time – usually 4 to 8 weeks – to work, and often, symptoms such as sleep, appetite, and concentration problems improve before mood lifts, so it is important to give medication a chance before deciding whether it works.

If you begin taking antidepressants, **do not stop taking them without talking to your health care provider**. Sometimes people taking antidepressants feel better and then stop taking the medication on their own, and the depression returns. When you and your health care provider

have decided it is time to stop the medication, usually after a course of 6 to 12 months, the health care provider will help you slowly and safely decrease your dose. Stopping them abruptly can cause withdrawal symptoms.

Psychotherapies:-

Several types of psychotherapy (also called "talk therapy" or "counseling") can help people with depression by teaching new ways of thinking and behaving and how to change habits that contribute to depression. Examples of evidence-based approaches specific to the treatment of depression include cognitive-behavioral therapy (CBT) and interpersonal therapy (IPT). More information on psychotherapy is available on the

Brain Stimulation Therapies

If medications do not reduce the symptoms of depression, electroconvulsive therapy (ECT) may be an option to explore. Based on the latest research:

- ECT can provide relief for people with severe depression who have not been able to feel better with other treatments.
- Electroconvulsive therapy can be an effective treatment for depression. In some severe cases where a rapid response is necessary or medications cannot be used safely, ECT can even be a first-line intervention.
- Once strictly an inpatient procedure, today ECT is often performed on an outpatient basis. The treatment consists of a series of sessions, typically three times a week, for two to four weeks.
- ECT may cause some side effects, including confusion, disorientation, and memory loss. Usually these side effects are short-term, but sometimes memory problems can linger, especially for the months around the time of the treatment course. Advances in ECT devices and methods have made modern ECT safe and effective for most patients. Talk to your doctor and make sure you understand the potential benefits and risks of the treatment before giving your informed consent to undergoing ECT.
- ECT is not painful, and you cannot feel the electrical impulses. Before ECT begins, a patient is put under brief anesthesia and given a muscle relaxant. Within one hour after the treatment session, which takes only a few minutes, the patient is awake and alert.

Other more recently introduced types of brain stimulation therapies used to treat medicine-resistant depression include repetitive transcranial magnetic stimulation (rtms) and vagus nerve stimulation (VNS). Other types of brain stimulation treatments are under study. You can learn more about these therapies on the

Depression At Work:-

The signs of depression at work are similar to general depressive symptoms. That said, some may look more specific to a workplace setting.

This depression will affect your level of functioning in your job as well as at home, Parmar said.

Some of the more common signs of work depression include:

- Increased anxiety levels, especially when managing stressful situations or thinking about work when you're away from your job
- Overall feelings of boredom and complacency about your job
- Low energy and lack of motivation to do things, which can sometimes manifest as boredom in tasks
- Persistent or prolonged feelings of sadness or low mood.
- Loss of interest in tasks at work, especially duties that you previously found interesting and fulfilling
- Feelings of hopelessness, helplessness, worthlessness, or overwhelming guilt
- Inability to concentrate or pay attention to work tasks and trouble retaining or remembering things, especially new information
- Making excessive errors in daily work tasks
- An increase or decrease in weight or appetite
- Physical complaints like headaches, fatigue, and upset stomach
- Increased absences or coming late and leaving early
- Impaired decision-making capacity
- Irritability, increased anger, and poor frustration tolerance
- Crying spells or tearfulness at work, with or without any apparent triggers
- Trouble sleeping or sleeping too much (like taking naps during regular work hours)
- Self-medication with alcohol or substances

If you're good at masking or internalizing them, these signs of work depression might not be visible to your co-workers. But there are some symptoms they may be more likely to notice.

According to Parmar, here are some common signs of work depression to be aware of:

- Withdrawal or isolation from other people
- Poor self-hygiene or significant change in appearance
- Late arrival at work, missed meetings, or absent days
- Procrastination, missed deadlines, reduced productivity, subpar performance in tasks, increased errors, or difficulty making decisions
- Seeming indifference, forgetfulness, detachment, and disinterest in things
- An appearance of tiredness for most or part of the day (may be taking afternoon naps at work)
- Irritability, anger, feeling overwhelmed, or getting very emotional during conversations (may start crying suddenly or become tearful over trivial things)
- Lack confidence while attempting tasks

II. REVIEW OF LITERATURE

What are the signs of work depression

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III. MAIN OBJECTIVE

To study the impact of Depression on industries employee.

SUB OBJECTIVE

1. To analyze the condition of depressed employee.
2. To study the mental situation of depressed employee.
3. To know the behavior of depressed employee.
4. To study impact of depression on their social life.

CONCLUSION

Depression is a serious medical condition and a profound public health concern. Although the development of depression is likely due to a combination of factors, understanding the effects, possible triggers, and treatments of the disorder is essential for promoting the wellbeing of affected individuals. There is also a need to study the course of depressive disorders present in the world so as to determine the need and duration of continuation treatment. Studies should also evaluate the cost-effective models of treatment which can be easily used in the primary care setting to effectively treat depression.

Experiencing symptoms of depression while at work can feel overwhelming. Identifying signs like anxiety, crying, boredom, and lack of interest is the first step to getting help. If you're concerned about work depression, consider reaching out to your supervisor or human resources department. They can help you find a counsellor through an employee assistance program.

You can also seek treatment through a therapist or psychologist. Remember, you're not alone. If you're not ready to reach out at work, make an appointment with a doctor or mental health professional.

REFERENCES

1. Depression (major depressive disorder) - Symptoms and causes - Mayo Clinic
2. Literature Review On Depression - Free Essay Sample (studentsassignmenthelp.com)
3. NIMH » Depression (nih.gov)
4. NIMH Brain Stimulation Therapies webpage.

5. NIMH Psychotherapies webpage.
6. (PDF) Depression: A Literature Review on Diagnosis, Subtypes, Patterns of Recovery and Psychotherapeutic Models (researchgate.net)
7. Work Depression: What It Is and How to Deal with It (healthline.com)

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Health and Safety of Employees in Organizations

Ms. Vilisha parmar

Dr. Dipak Makwana

Parul Institute of Social Work

Parul University

Vadodara, Gujarat (India)

ABSTRACT

The main objective of this research paper is to acquire an understanding of health and safety of employees in organizations. In order to achieve personal and professional goals, enhance the structure of the organization and to sustain one's living conditions in an appropriate manner, it is necessary to take into consideration the aspects of health and safety of the employees. This is apparent that when employees will feel safe and secure, they will be able to communicate well with the other members of the organization as well as carry out their job duties in a well-organized manner. Therefore, within the working environment, especially when the employees are engaged in hazardous occupations, it is vital for them to take precautions to promote health and safety. Furthermore, when communication takes place between the members of the organization in a polite and respectful manner, they feel safe. The main areas that have been taken into account in this research paper are, significance of health and safety of employees, Health and Safety Policy, measures to promote good health conditions among employees, and measures to promote safety among employees.

KEYWORDS

Employees, Health, Organizations, Physical Health, Psychological Health, Safety.

INTRODUCTION

Human resources professionals are required to render a significant contribution in promoting health and safety of the employees. Health and safety of the employees are important concepts that need to be focused upon, in order to lead to effective growth and development of the organization and its employees. It is apparent that when employees will maintain good health and feel safe within the working environmental conditions, they will be able to render a

significant contribution in the achievement of organizational goals. Health and safety of the employees are taken into account in terms of physical as well as psychological aspects. The employees need to maintain their health and safety physically as well as psychologically. Hence, for these purposes, it is vital for them to generate information and formulate measures. When they will put into operation the necessary measures, they will be able to promote good health and safety.

In most of the organizations, health and safety responsibilities are within the human resources department. In order to implement these responsibilities in an effective manner, the human resources professionals need to acquire an efficient understanding of health and safety responsibilities of employers, managers, supervisors and employees within the organization. They need to implement personal management policies to ensure all the members of the organization are aware of their responsibilities. Establish effective ways of meeting health and safety responsibilities and ensure the employees fulfil their health and safety responsibilities as defined in the organizational policies and programs (Health and Safety Guide, n.d.). In order to implement these policies and practices in an effective manner, it is vital to conduct research and identify the areas, which need to be improved. When improvements are brought about or when changes need to get implemented, it is vital to ensure that they prove to be beneficial to the members of the organization.

SIGNIFICANCE OF HEALTH AND SAFETY OF EMPLOYEES

Within the organization, the health and safety measures are regarded to be of utmost significance in promoting well-being of not only employees but employers as well. In the present existence, the individuals are required to experience number of problems and challenges within the course of implementation of job duties. These may arise within the course of implementation of job duties, as well as in promoting health and safety among employees. Health and safety measures within the working environmental conditions lead to reduction in employee illnesses and health problems. These procedures can also help the employees understand the potential hazards within the working environment. Training is regarded as important and effective. The primary objective of training is to make provision of knowledge to the employees in terms of workplace procedures, practices and behaviours to prevent injuries and illnesses. It is a fact that paying for work-related injuries and illnesses can have a negative effect on the bottom line and this is one of the reasons, why implementation of health and safety measures is necessary (Weakley, 2019).

It is comprehensively understood that when employees will feel safe and secure within the working environmental conditions, only then they will be able to render a significant contribution in the implementation of job duties and in the achievement of organizational goals. On the other hand, when the employees will feel insecure or vulnerable within the working environment, it is apparent that they will not be able to concentrate well on their job duties and responsibilities. Good health conditions are regarded to be of utmost significance. When the employees will keep good health, they will not only be able to carry out their job duties in an appropriate manner, but also would conduct analysis of various aspects, which need to be

improved. Furthermore, they would give ideas and suggestions to their supervisors and managers, which would enable them to render a significant contribution in augmenting organizational structure. Therefore, it can be stated, health and safety of the employees as well as employers are crucial aspects, which need to be focused upon satisfactorily.

HEALTH AND SAFETY POLICY

Section 24 of the Occupational Health and Safety Act requires all workplaces with five or more employees to develop a safety policy and review it on an annual basis. The main objective of this policy is to express the commitments of the employers to health and safety. It must include a statement regarding the responsibilities of the employers, supervisors and other workers. The policy states clearly what the employers intend to do in terms of commitment and support for health and safety in the workplace. It is crucial to take into account the job duties and responsibilities of the individuals. It is vital for the individuals to be responsible for the aspects, which are necessary in maintaining health and safety. The policy commits the entire organization towards maintenance of a safe working environment. In other words, it is vital for members of the organization to work towards implementation of health and safety policy in an appropriate manner (Guide to Workplace Health & Safety Policy, 2004).

In the formulation of policy, there are certain aspects, which need to be taken into account. These include, a clear commitment is needed to make provision of a healthy and safe work place and how this will be integrated into daily work activities. A statement reflecting upon the awareness of the employers in terms of their duties and responsibilities need to take precautions to prevent illnesses, health problems, injuries and accidents. Addressing the needs of the employees and making provision of proper supervision and enforcement of work practices is regarded as indispensable (Guide to Workplace Health & Safety Policy, 2004). When the individuals are recruited within the organization, it is apparent that in the initial stage, they may not be aware of measures and practices in terms of implementation of job duties as well as other aspects of the organization. Therefore, it is the job duty of the supervisors to provide them guidance, support and assistance to achieve organizational and personal goals.

The input of senior management to demonstrate commitment from the highest levels of the organization. In other words, senior management should sign the policy. A statement to demonstrate how the commitment to health and safety will be communicated and how it will function at all the levels of the organization. A statement reflecting the requirement for everyone working in the organization to take the responsibility for developing and maintaining a healthy and safe working environment. In other words, all the members of the organization need to be dedicated towards the maintenance of healthy and safe working environment (Guide to Workplace Health & Safety Policy, 2004). These are some of the important aspects, which need to be included in the policy.

In order to promote effective functioning of the policy, it is necessary to take into account various aspects. These are, informing all the members of the organization in terms of policy; involving as many number of individuals in the development of policy as possible; educate all

individuals in terms of roles and responsibilities in maintaining a safe and healthy workplace; it is important to illustrate clarity in terms of who is accountable for what and how it will be established and enforced; make provision of adequate resources to promote safe standards and set up a process for regular review. It is essential on the part of the supervisors to make provision of a healthy and safe environment and provide training to the workers that is vital for them to create a healthy environment. When the employees will be well-aware and make effective use of precautions, then they will contribute well in the maintenance of healthy and safe working environment (Guide to Workplace Health & Safety Policy, 2004).

MEASURES TO PROMOTE GOOD HEALTH CONDITIONS AMONG EMPLOYEES

Employees are regarded as one of the most important assets in all types of organizations. The health and safety of the employees are regarded to be of utmost significance in leading to effective growth and progression of the organization and achieving the desired goals and objectives. It is essential for the members of the organization to focus upon the measures that would promote adequate health conditions among employees. The measures to promote good health conditions among employees have been stated as follows: (57 Great Ways to Encourage Better Employee Health, 2019).

Focus on Prevention **–** It is stated, prevention is better than cure. It is necessary to generate awareness in terms of factors that may have an effect upon the health conditions of the employees. The individuals in leadership positions within the organizations need to implement certain strategies to focus on prevention. The physician is required to make a visit to the organization and interact with the employees in terms of common health issues. Within the organization, the factors which may impose detrimental effects upon the health of the individuals need to be prevented. For instance, when the employees are working with chemicals and other hazardous substances, they need to take precautions. Offering of rebates and incentives on health insurance is also beneficial to the employees. Therefore, it can be stated, implementation of measures that may focus on prevention would contribute in promoting health and safety of employees.

Encourage Consumption of Nutritious Diet **–** Consumption of nutritious diet is regarded to be of utmost significance in promoting good health conditions. Consumption of nutritious diet can contribute effectively in prevention of illnesses and health problems and make provision of nutrients, which are necessary in leading to effective growth. It is essential for the individuals to consume essential nutrients in their diet. The individuals need to consume carbohydrates, proteins, vitamins, minerals and some amount of fat as well in their diet. It is essential to consume regular meals and one should not skip meals. When the individuals are required to work long hours, it is essential for them to consume a healthy and nutritious diet. Research has indicated that managers and supervisors communicate with their employees regarding consumption of nutritious diet, so they can concentrate well on their job duties. Apart from communication, there are organization of workshops as well, which may focus upon the significance of healthy and nutritious diet.

Develop a Smoke Free Workplace – It is comprehensively understood that smoking is injurious to health. Reducing the effects of smoking in the workplace is regarded to be of utmost significance in promoting better employee health. In order to develop a smoke free workplace, there are certain measures, which need to be taken into consideration. These are, ensuring workplace and all the company vehicles are smoke free; develop a smoke free company events policy; encourage the employees to join the 'quit smoking program' and consider subsiding these programs; when employees are involved in a smoking activity, they need to consult with their doctors in terms of quitting this habit and subsidising of aids is necessary to quit smoking such as, nicotine replacement patches or therapy. Apart from these measures, it is vital to generate awareness among the employees in terms of disadvantages of smoking and how it can impose detrimental effects upon their health.

Encourage Participation in Physical Activities – The managers and supervisors need to encourage the employees to get engaged in some kind of physical activity. Even when employees have busy schedules, still, it is vital for them to get engaged in a physical activity at least for 20 minutes, thrice a week. In some of the organizations, there are even health clubs and gymnasiums, which are joined by the employees. Normally, employees go for either morning walks or evening walks, if they find time during working days. Whereas, during weekends, when they are free, they are able to devote more time towards getting engaged in physical activities. Apart from morning walks, there are number of other physical activities that employees are engaged in. These include, sports activities, running, jogging and so forth. Physical activities are selected on the basis of one's interest. Therefore, it can be stated that participation in physical activities contribute effectively in promoting good health.

Improve Mental Health – Improvement in mental health is regarded to be of utmost significance to the employees. Within the course of implementation of job duties, it is necessary for the individuals to have a sound mind-set. They need to make wise decisions, think in terms of utilization of important methods and approaches and carry out their job duties in accordance to the expectations of their employers. In order to improve mental health, there are certain approaches, which need to be taken into consideration. These include, formation of company-wide mental health plan, encourage positive communication within the workplace, seek ideas and suggestions from professional counsellors, maintain good terms and relationships with other members of the organization, generate awareness in terms of adequate performance of job duties, avoid the occurrence of conflicting situations and disputations, create an amiable working environment and make provision of facilities and amenities. When these approaches are implemented, one is able to carry out their job duties in a well-organized manner.

Avoid Long Chair Time – In order to maintain good health, it is necessary to avoid long chair time. Research has indicated that individuals, who sit for most of the day are 54 percent more likely to experience heart attacks. Therefore, one needs to avoid long chair time. Within the working environmental conditions, it is necessary to install standing desks, install cycle chairs, encourage stand up meetings, the experts and professionals need to be called to review the ergonomic environment, encourage the teams to take regular breaks during the day, and participate in a 10 minute stretch program on daily basis and twice a day is better. When the

individuals need to work on computers, they need to take breaks. Therefore, it can be stated, avoiding long chair time is regarded to be of utmost significance in promoting good health. On the other hand, when the individuals are engaged in field jobs, they are more likely to remain active, as they have to remain mobile.

Encourage Healthy Body Weights **–** It is vital for the employees to maintain their body weight. As a healthy body weight influences one's physical as well as psychological health conditions. Obesity is one of the major health problems, which gives rise to number of health problems, such as disfigurement, heart diseases and so forth. Furthermore, obese individuals are more likely to feel depressed due to their body weight. The managers and supervisors encourage the employees to maintain healthy body weight. In order to encourage healthy body weights, there are number of factors that need to be taken into account. These include, consuming healthy and nutritious diet, getting engaged in physical activities, participating in weight management programs, and consulting medical practitioners and health care specialists in terms of management of weight. Therefore, it can be stated that maintenance of appropriate body weight is essential for promoting good health physically as well as psychologically.

Reduce Alcohol Intake **–** In accordance to the health care experts, there are number of alcohol-related diseases and health problems. Though alcohol is publicly accepted. In the organization of parties and ceremonies, there is alcohol available. But the individuals need to understand that alcohol should be consumed in moderation, as excessive consumption may impose detrimental effects upon one's health conditions. In order to cause a reduction in the alcohol intake, there are certain measures, which need to be taken into account. These are, consumption of alcohol within the workplace should not be allowed, promote responsible drinking in the case of organizational events, such as, celebrations and social events, provide non-alcoholic options in all the functions of the organization, consider workplace stress as a stimulus to high-risk or problem drinking, provide employees information in terms of the risks of high-risk and problem drinking, encourage employees to communicate with medical practitioners and health care specialists in terms of quitting alcohol or reducing its intake and employees need to be encouraged to join the program which aims to address problem drinking. Therefore, it can be stated that reducing alcohol intake leads to a healthy mind-set among employees.

Encourage Educational Opportunities **–** Within the organization, the employees need to be educated in terms of various factors that are necessary to maintain good health conditions. The employees need to be aware in terms of creation of an environment, which would enable them to promote good health not only at the workplace but also home as well. Educational opportunities can be enjoyable to the employees as well. Local chefs should also be invited to provide training to the employees in terms of preparation of healthy and nutritious meals. Speakers should be invited from various fields to provide information to the employees in terms of maintenance of good health conditions. Therefore, it can be stated that educational opportunities allow the employees to provide on-site preventive health care and offer vaccines for flu season. These measures will lead to a reduction in sick days taken and maintain productivity at a steady rate. One can make selection of ways to reimburse the employees for the vaccination fees (7 Ways to Promote Health and Wellness, 2019).

Take Precautions – When the individuals are engaged in hazardous jobs and are required to work with machines, tools and chemicals, it is necessary for them to take precautions in order to maintain good health and prevent injuries and accidents. Precautions are necessary for the employees, when they are engaged in the manufacturing and production processes. They need to wear proper attire, make use of gloves, and spectacles and so forth to ensure their safety and prevent any kinds of health problems. When the employees are to dress in office professional clothing discourages them from being active on the way to and from the office. It is vital to allow casual days for the employees, who make use of their bikes to travel to work and offer fitness classes during these days. Whereas, simply being dressed to work might make them more likely to participate in physical activities (7 Ways to Promote Health and Wellness, 2019).

MEASURES TO PROMOTE SAFETY AMONG EMPLOYEES

Safety among employees within the working environmental conditions is regarded to be of utmost significance. When the employees feel safe within the working environmental conditions, they are able to render a significant contribution in the implementation of job duties as well as in the achievement of desired goals and objectives. On the other hand, when the employees are not safe, they will feel vulnerable and apprehensive. Vulnerability and apprehensiveness are regarded as major barriers within the course of implementation of job duties and achievement of desired goals and objectives. Therefore, it is necessary for the members of the organization to formulate measures that may enable the employees to feel safe and enhance their confidence. These measures have been stated as follows:

Making Provision of Equal Rights and Opportunities – Within the working environment, there are individuals, who are different from each other in terms of various aspects, such as, caste, creed, race, religion, ethnicity, gender, age, educational qualifications, personality traits and socio-economic background. It is unlawful to discriminate among the individuals on the basis of these factors. They should be provided with equal rights and opportunities. On the other hand, when recruitment and selection of individuals takes place, it is appropriate to take into consideration their educational qualifications and competencies. When individuals are provided with equal rights and opportunities, they form the viewpoint that they can share their ideas and suggestions and thus feel safe. Therefore, it can be stated that making provision of equal rights and opportunities would enable the individuals to feel safe.

Create a Workplace Safety Culture – The members of the organization need to work in collaboration and integration with each other to create a workplace safety culture. Creation of a workplace safety culture is not a concept that needs to be focused upon at one point of time, but it needs to be focused upon on continuous basis. The members need to generate awareness in terms of modern and novice strategies to promote workplace safety culture. In the formation of workplace safety culture, there are number of factors that need to be taken into consideration. These include, ensuring the machines, tools, and other equipment are in proper order, the environmental conditions need to be appropriate such as, temperature, lighting and so forth. These facilities and amenities enable the employees to perform their job duties in an appropriate

manner. Furthermore, the individuals need to communicate with each other in a courteous and respectful manner. Therefore, it can be stated, creation of workplace safety culture contribute in promoting safety among employees.

***Providing Adequate Training* –** When employees are recruited within the organization, they are required to undergo training programs. Training programs not only impart information to the employees in terms of effective implementation of job duties, organizational structure and organizational culture, but they are also provided with information in terms of measures that are required in promoting safety. When the employees are engaged in hazardous jobs, then too they are required to undergo training programs, which make provision of adequate knowledge to them in terms of making use of machines and chemical substances in an appropriate manner, which may enable them to feel safe and secure within the course of implementation of their job duties. In such cases, practical training is recommended, which enables the employees to generate information in terms of machines and tools. Therefore, it can be stated that providing adequate training would enable employees to feel safe and secure.

***Formulation of Policies and Programs* –** Within the organization, it is vital to formulate policies and programs concerning safety and well-being of the employees. These policies and programs are of numerous kinds. These are, anti-discrimination policies, policies against sexual harassment, making provision of equal rights and opportunities, policies regarding making use of materials, technologies and equipment and so forth. Research has indicated that within the working environment, women have experienced sexual harassment and discriminatory treatment. These aspects have even compelled them to quit from jobs. These are regarded as major impediments not only within the course empowerment of women, but also within the course of effective growth and development of the organization. Therefore, it is of utmost significance to formulate policies and programs against prevention of sexual harassment and discriminatory treatment against women. It is vital to ensure their safety in order to lead to effective growth and development of the organization.

***Promote Effective Communication* –** Effective communication is regarded as the lifeline in order to lead to operative growth and development of the organizations and promote safety of the employees. When communication is taking place in organizations in a verbal manner or written manner or vertically or horizontally, it needs to be implemented in a polite, respectful and decent manner. In some cases, some of the members of the organization, particularly managers are demanding in nature and difficult to get along with. This may enable the employees to feel vulnerable and apprehensive. They may not even feel comfortable in communicating with the managers. Therefore, it is essential for the managers, supervisors and other individuals in leadership positions to possess an easy-going and approachable nature. They need to communicate with their employees in a friendly manner, should possess a calm attitude and provide them sufficient time for the completion of job duties. Therefore, it can be stated that effective communication is regarded to be of utmost significance in promoting safety.

***Implementation of Safety Protocols from the Initial Stage* –** Workplace safety is a concept that needs to be paid attention to on a continuous basis. When the employees get recruited within

the organization, it is necessary for them to take into account various aspects. These include, adequate implementation of job duties, maintaining good terms and relationship with other members of the organization, efficient management of resources and promoting safety and well-being. These are regarded as vital aspects in leading to effective growth and development of the employees and organization as a whole. A safe workplace begins with the employee, who follow the safety requirements and carry out their job duties as per the required expectations. Some of the employers work with physical therapists to conduct an analysis of the physical demands of each job position (Hopkins, 2018). Therefore, it can be stated that implementation of safety protocols from the initial stage is regarded as one of the important measures in promoting employee safety.

Reward Employees for Safe Behaviour – When the employees are dedicated towards the implementation of job duties in a diligent and sincere manner, when they are adequately implementing measures to promote safety of not only themselves, but also others, in such cases, it is vital to give them some kinds of rewards. Giving of rewards for doing something good is one of the important measures for development of motivation among employees for continuing the good work. For instance, in case of explosion or a disaster, when employees participate in saving the lives of others, then it is apparent that they will be appreciated and rewarded. Rewards are regarded as manageable ways of encouraging workplace safety. Giving out of small rewards to the employees, who follow the safety policies, facilitates in their involvement, which would render a significant contribution in leading to a reduction in work-place injuries and accidents (Hopkins, 2018).

Partner with Occupational Clinics – When the employees experience any types of accidents and injuries within the course of implementation of their job duties, it is apparent that they would need medical treatment. Apart from medical treatment, they also need information in terms of the measures that are necessary in preventing workplace injuries. In some cases, the injuries and accidents are severe and take time to heal. This may even require the employees to take leave from work. In such cases, it is up to the organization to compensate the employees. The occupational clinics make provision of help and support to the employees to prevent work-place injuries by making visit to the worksite. Before, operating the machines, it is vital to make sure that machines are in proper order and are safe to make use of. Physical and occupational therapists can lead to improvement in workplace ergonomics and develop human performance evaluation procedures to screen the candidates for demanding job duties and assistance in the return-to-work process (Hopkins, 2018).

Inspection of Tools and Machines – The main purpose of inspection is to identify whether work equipment can be operated, adjusted and maintained safely within the working environment. In order to lead to safety and well-being of the employees, it is necessary to ensure, they are in proper order. It is not necessary that all work equipment will be inspected to ensure safety. In many cases, a quick visual check before making use of it will be sufficient. However, inspection is necessary for any equipment, where significant risks to health and safety may take place from inappropriate installation, reinstallation, deterioration and any other circumstances. The need for inspection and inspection frequencies need to be determined through the assessment

of risks (Inspection of Work Equipment, n.d.). When the machines and equipment have not been made use of for a certain period of time, it is vital to ensure, it is inspected, before making use of it, in order to promote employee safety.

***Bring about Improvements on Continuous Basis* –** In order to reinforce the safety measures, it is necessary to bring about improvements on continuous basis. With advancements taking place and with the advent of modernization and globalization, it is necessary to put into operation, modern and innovative methods in order to promote employee safety. For example, policies are formulated against eliminating any types of criminal and violent acts within the working environment. These include, verbal abuse, physical abuse, sexual harassment, grievous hurt, theft, robbery and so forth. When the individuals are engaged in the implementation of these acts, they are subjected to judicial penalties and even get suspended from their jobs. Therefore, it is vital for the members of the organization to understand that to retain their jobs and achieve the desired goals and objectives, they need to inculcate the traits of morality and ethics and communicate with others in a decent manner.

CONCLUSION

When the individuals seek employment opportunities in organizations, they not only have to augment their knowledge and competencies to carry out their job duties in a well-organized manner and achieve personal and professional goals, but they also need to take into account the concept of health and safety. In order to implement one's job duties in a well-organized manner, maintain good terms and relationships with others and achieve the desired outcomes, it is necessary to maintain good health and feel safe and secure within the working environment. Section 24 of the Occupational Health and Safety Act requires all workplaces with five or more employees to develop a safety policy and review it annually. The main objective of this policy is to put emphasis upon commitments of the employers to health and safety. The measures to promote good health conditions among employees are, focus on prevention, encourage consumption of nutritious diet, develop a smoke free workplace, encourage participation in physical activities, improve mental health, avoid long chair time, encourage healthy body weights, reduce alcohol intake, encourage educational opportunities, and take precautions.

This is apparent that to carry out one's job duties and responsibilities in an appropriate manner, it is vital to feel safe within the working environment. Measures to promote safety among employees are, making provision of equal rights and opportunities, create a workplace safety culture, provide adequate training, formulation of policies and programs, promote effective communication, implementation of safety protocols from the initial stage, reward employees for safe behaviour, partner with occupational clinics, inspection of tools and machines and bring about improvements on continuous basis. These are some of the measures, which need to be implemented by the members of the organization to ensure safety and well-being. Finally, it can be stated that it is vital for not only employees, but all the members of the organization to maintain good health and safety for the achievement of organizational goals, retain one's jobs and deal with others well.

BIBLIOGRAPHY

1. 57 Great Ways to Encourage Better Employee Health. (2019). Retrieved March 03, 2020 from inside.6q.io
2. Guide to Workplace Health & Safety Policy. (2004). Safety Matters @ Work. Workers Compensation Board of PEI. Retrieved March 02, 2020 from wcb.pe.ca
3. Health and Safety Guide for Human Resources Professionals. (n.d.). Canadian Centre for Occupational Health and Safety. Retrieved March 02, 2020 from ccohs.ca
4. Hopkins, M. (2018). 10 Simple Steps to Improve Workplace Safety. Retrieved March 03, 2020 from concentra.com
5. Inspection of Work Equipment. (n.d.). Health and Safety Executive. Retrieved March 03, 2020 from hse.gov.uk
6. 7 Ways to Promote Health and Wellness within Your Employees. (2019). Retrieved March 03, 2020 from alt-creative.com
7. Weakley, L. (2019). The Importance of Health and Safety in the Workplace. Retrieved March 02, 2020 from workplacediversity.com

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CONCEPT PAPER ON IMPACT OF BULLYING PEOPLE ON MENTAL HEALTH

Ms. Prachi Phadke

Email: prachiphadke7@gmail.com

Contact No: 8780670023

Parul University of Social Work

ABSTRACT

Bullying *is the use of force, hurtful teasing or threat, to abuse, aggressively dominate or intimidate. A bullying culture can develop in any context in which humans interact with each other. This may include school, family, the workplace, the home, and neighbourhoods. The main platform for bullying in contemporary culture is on social media websites. The effects of bullying have serious and lasting negative impacts on our mental health and overall wellbeing. Bullying can cause feelings of rejection, exclusion, isolation, low self-esteem, and some individuals can develop depression and anxiety as a result.*

KEYWORDS

Bully and Mental Health.

CONCEPT PAPER

Bullying is defined as the unwanted, aggressive behaviour that presents in an engagement with another individual or individuals that involves a real or perceived power imbalance. Bullying happens everywhere: schools, workplace, friend groups, online. The effects of bullying have serious and lasting negative impacts on our mental health and overall wellbeing. Bullying can cause feelings of rejection, exclusion, isolation, low self-esteem, and some individuals can develop depression and anxiety as a result. In some cases it can even develop into Acute Stress Disorder or Post Traumatic Stress Disorder. Research has shown that being a victim of bullying can lead to longer term impacts including interpersonal violence, substance use, sexual violence, poor social functioning, and poor performance. Even witnessing bullying can impact one's wellbeing. Bullying often leaves us with lingering feelings, turning into anger towards others or ourselves. When one goes through bullying over a long period of time, they may begin to blame themselves for being bullied. Thinking thoughts such as "If I wasn't so ugly, people would leave me alone," or "If I tried harder, people wouldn't make fun of me." The

types of thoughts can change how we see and feel about ourselves and leave long-term impacts. Bullying behaviours include:

- Physical intimidation or harm—tripping, hitting, pushing or spitting on a victim
- Social exclusion, making fun of the victim, teasing, name calling and/or insults
- Threats, property destruction, making the victim do something s/he doesn't want to do
- Spreading rumours or lies about the victim.

Bullying can affect mental, physical and emotional health during school years and into adulthood. It can lead to physical injury, social or emotional problems and in some cases, even death. Bullies are at higher risk for anti-social, sometimes violent behaviours like getting into fights and destroying property. They often have problems with school, up to and including dropping out. They're more likely to abuse substances and alcohol. This can continue into adulthood, when they are more likely to abuse their partners and spouses, or their children, or to engage in criminal behaviour.

Cyberbullying can occur at any time, day or night, and be perpetrated by anonymous sources. This makes it more relentless and, often, more cruel. While cyberbullying can happen in a public digital space, like on social media post, it can also take the form of private messages-leaving some kids managing this secret, and its effect on them, alone. Cyberbullying is a significant stressor in a young person's life. Research shows that 32% of kids who are targets of cyberbullying report experiencing at least one symptom of stress. Kids know that once something is out there, it will always be out there. They can feel exposed, embarrassed, and overwhelmed. They often feel alone and isolated.1 This experience can be particularly painful because friends are crucial at this age. When kids don't have friends, this can lead to more bullying. Research indicates that anger is the most common response to cyberbullying. Online bullying can invade their home through a computer or cell phone at any time of day. They no longer have a place where they can escape. One study found that 93% of those victimized by cyberbullying reported feelings of sadness, powerlessness, and hopelessness.

Being bullied at a young age can affect someone well past childhood and can cause lifelong psychological damage. During these young years, children are identifying roles, developing personalities, and figuring out who they are. When a young person is bullied, it can lead to problems with trust in others, self-esteem, and anger. It can be hard to develop relationships with others at an older age when you may not have had any at a younger age. When we're repeatedly presented with blows about who we are or what we are doing, we create a poor self-image and expect that others see us in the same light.

CONCLUSION

Awareness is the key to prevent online and offline harassment. We should make the children aware from an early age so they are always cautious.

REFERENCE

- https://med.uth.edu/psychiatry/2021/03/12/the-impact-of-bullying-on-mental-health/

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MALNUTRITION IN INDIA

Name – Rima Dutta

Course – MSWHRM

Enrolment number – 2210262020028

E-Mail – duttarima097@gmail.com

Contact No.– 9732413693

Parul Institution of Social Work

Parul University, Waghodia, Vadodara, Gujarat.

ABSTRACT

Introduction: *Poor nutritional status and unintentional cachexia have been shown to have a strong association with survival in patients with heart failure (HF). However, there is currently a paucity of research describing the dietary patterns of obese patients with chronic HF.*

Objective: *This study was done to identify the food and nutrient intake of the Pro-HEART trial participants and compare participant intake to national guidelines.*

Methods: *Pro-HEART is a clinical trial designed to evaluate the short-term and long-term effects of a high protein vs. standard protein diet on body weight and adiposity and other health outcomes in overweight and obese patients with HF, complicated with diabetes and/ or metabolic syndrome. Baseline food consumption of 77 participants was analyzed using a validated 3-Day Food Record.*

Results: *On average, the participants were 58.1±10.3 years, male (74%), married (65%), Caucasian (49%). The average energy intake was 1358.6±478.9; 58% exceeded the recommended amount of percent calories from fat, 73% exceeded the saturated fat recommendation (of 10% of daily calories), and 92% consumed too much sodium. Only 40% consumed the recommended amount of daily calories from carbohydrates. On average, participants consumed 0.68 ± 0.21 gm/kg of protein; only 9% consumed at least 1 gm/kg of protein as recommended. Less than 50% met the minimum recommended servings for folate, vitamin* ***E, calcium and sodium (see Table).***

Conclusions: *Our findings showed that overweight and obese patients with HF exceeded recommended intake of fat, saturated fats, and sodium. Likewise, data suggest that overweight and obese patients with HF are at risk for poor nutritional intake of key micronutrients and minerals essential for reducing the inflammatory and metabolic abnormalities associated with*

HF and confirm that patients who do not appear cachectic may still be at risk for malnutrition. Thus, the risk for poor nutritional intake should be considered in all HF patients, regardless of whether they appear malnourished or not.

Macro-/Micronutrient	Mean ± SD	% Who Met National Rec.	National Recommendations
Protein intake, (gm.)	73.7 ± 20.5	9.1	1 g/kg
CHO intake, (gm.)	155.5 ± 69.5	40.3	45-65% of daily calories
Fat intake, (gm.)	48.3 ± 20.7	41.6	20-35% of daily calories
Folate (ug)	364.3 ± 200.9	33.8	400 ug
Vitamin E (ug)	7.7 ± 5.3	13.0	15 mg
Calcium (mg)	565.6 ± 236.8	0	1,200 mg
Sodium (mg)	2653.3 ± 838.8	7.8	<2300 mg

KEYWORD

Malnutrition, Children, India, Nutrition programs, Public health.

INTRODUCTION

Malnutrition is defined as pathological state resulting from a relative or absolute deficiency or excess of one or more essential nutrients. It comprises of – Under nutrition, Over nutrition, Imbalance and specific deficiency (2). Malnutrition is broadly divided into three types – underweight, stunting and wasting (3). Malnutrition is not only an important cause of childhood mortality and morbidity, but also leads to permanent impairment.

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of both physical and mental growth of those who survive. Inadequate intake of food, both in quality and quantity, infection, poor environmental condition, poor mental health, inadequate health services and large family size, are the major contributory factors (4). Not only that, in the current scenario, the trends of rise in overweight is increasing, which is leading double burden of malnutrition. Therefore, this study will be useful in determining the burden of malnutrition (under nutrition and over nutrition) and associated risk factors in children aged 06-59 months in rural area of Jabalpur district. It is expected that the result of this study will help to understand the actual requirements in the area for such children and will help policy makers to take specific interventional measures

AIMS & OBJECTIVES

1. To determine the prevalence of malnutrition among children of age 06-59 months in rural areas of Jabalpur district Madhya Pradesh.
2. To assess the association between various risk factors and malnutrition among children of age 06-59 months.

MATERIAL & METHODS

It was a Cross sectional study conducted among children of age group 06-59 months in rural areas of Jabalpur district from 1st April 2016 to 31st March 2017.

Sample size was calculated according to the formula:

$N = Z^2pq/d^2$. According to NFHS-4 Madhya Pradesh (5), the prevalence of malnutrition among children under five years of age in rural area of Madhya Pradesh is 45%, taking it as prevalence, with the relative error (d) as 10% of Prevalence (P) and Z as 1.96, the sample size for rural area was calculated as 470. After adding 10% non-respondents, the final sample size came out to be 517.

Multistage random sampling technique was used for the selection of study subjects. There are seven blocks in Jabalpur district. In the first stage two blocks out of seven were randomly selected. From each block five gram panchayats were selected using random table. From each of the gram panchayat two anganwadi centres were selected randomly then all the children in the age group 06-59 months from each anganwadi centre were enlisted and 26 children were randomly selected from the list by lottery method. Predesigned and pretested questionnaire was used for interview. All the children of age group 06-59 months were included in the study while the children who were terminally ill and whose parent's were not willing to participate in the study were excluded.

Face to face interview of the mothers or the primary care giver of the child was conducted after explaining the objectives of the study and obtaining the informed consent. Height and weight measurements were recorded following the standard techniques. The weight was measured using Salter's scale with light clothing and without shoes. Zero error was checked and adjusted before measurements. The height of the child was recorded with the help of non-stretchable measuring tape. The new WHO Child Growth Standards for children under 5 years (2006) were used as reference for median (6).

Nutritional status of children were assessed according to weight for age, height for age, weight for height and BMI for age and sex by Standard Deviation classification recommended by WHO (6).Children below -2 SD of the reference median on any of these indices were considered as undernourished and termed as underweight, stunted and wasted respectively. Children below -3 SD were considered to be severely undernourished (6). All the children whose weights were more than 85th percentiles (BMI) for the age and sex were

considered as overweight and more than 95th percentiles (BMI) for the age and sex were considered obese (7).

Ethical consent was taken from the Institutional ethical committee of Netaji Subhash Chandra Bose Medical College Jabalpur. Data thus obtained was coded and entered into Microsoft excel worksheet.

This was analyzed using Epi Info™ 7.1.5 and SPSS 20.0 (free trial version). For determining the association of malnutrition Chi-square test, odds ratio were applied for each of the factor. The statistical significance was evaluated at 5% level of significance. p value less than 0.05 was considered as statistically significant. Microsoft Office Word 2007 and Microsoft Office Excel 2007 were used to generate tables.

RESULTS

In the present study comprising of 517 children aged 06-59 months, 273 (52.8%) were males and 244 (47.2%) were female children. With regards to age distribution it was observed that highest children were found in 25-36 months (24.4%). Majority of the children were Hindu by religion i.e. 96.7% followed.

REVIEW OF LITERATUTRE :

PURPOSE OF REVIEW

Reduction of child malnutrition in conflict settings is on top of the international agenda on sustainable development. This association between child malnutrition and conflict has been hypothesised in the academic literature but not rigorously examined empirically till recently. This paper reviews the emerging quantitative literature, including conflict as an explanatory variable to understand the aspects of child malnutrition studied and how violent events are associated with child nutritional status. Limitations are also highlighted.

RECENT FINDINGS

Child malnutrition is investigated into its three main dimensions of stunting, wasting and undernourishment computed as z-score. Conflict is mostly studied in terms of duration, number of events, typology and intensity.

SUMMARY

The emerging literature generally establishes a significant and negative association between conflict and child malnutrition. However, limitations persist and are mainly due to the type of available data.

REFERENCES

Papers of particular interest, published recently, have been highlighted as: • Of importance •• Of major importance

1. United Nations. Transforming our world: the 2030 Agenda for Sustainable Development, Resolution adopted by the General Assembly on 25 September 2015. United Nations; 2015. https://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E. Accessed 17 Sept 2021.

2. Morley D. Under fives clinic. J Fam Community Med [serial online]. 2005;12:61–2. https://www.jfcmonline.com/text.asp?2005/12/2/61/97582. Accessed 17 Sept 2021.
3. Black RE, Allen LH, Bhutta ZA, Caulfield LE, de Onis M, Ezzati M, Mathers C, Rivera J. Maternal and child undernutrition: global and regional exposures and health consequences. Lancet. 2008;371(9608):243–60. https://doi.org/10.1016/S0140-6736(07)61690-0.

Article PubMed Google Scholar

4. UNICEF. The State of the World's Children 2019. Children, food and nutrition: growing well in a changing world. New York: United Nations International Children's Emergency Fund; 2019. https://www.unicef.org/media/60806/file/SOWC-2019.pdf. Accessed 17 Sept 2021.
5. FAO, IFAD, UNICEF, WFP and WHO. The State of Food Security and Nutrition in the World 2017. Building resilience for peace and food security. Rome: FAO; 2017. http://www.fao.org/3/I7695e/I7695e.pdf. Accessed 17 Sept 2021.
6. Bhutta ZA, Yousafzai AK, Zipursky A. Pediatrics, war, and children. Curr Probl Pediatr Adolesc Health Care. 2010;40(2):20–35. https://doi.org/10.1186/s13031-015-0061-6.

Article PubMed Google Scholar

7. Mowafi H. Conflict, displacement and health in the Middle East. Glob Public Health. 2011;6(5):472–87. https://doi.org/10.1080/17441692.2011.570358.

14

"HEALTH OF RURAL WOMEN POST DELIVERY AND SUSTAINABLE DEVELOPMENT GOAL"

Ms. Neha Dubey

Assistant Professor

Faculty of Social Work

Parul University

Vadodara, Gujarat (India)

ABSTRACT

Since the 2030 Agenda for sustainable development adopted by all UN members' states in 2015 provides a blueprint for health and wellbeing for all, now and into the future. The purpose of this study is to determine the factors related to puerperium and assess rural women's health after giving birth. Goal 3 targets seek to address global improvements in maternal health for women and babies increasing life expectancy for all and reducing some of the most common and preventable causes of death such as measles. Many women including pregnant women haven't received adequate medical assistance for months, as a result there are severe complication among pregnant women and exacerbation of clinical conditions. According to United Nations fund for population activities, most recent data approximately 800 women die every day from preventable causes related to pregnancy and child birth. For every women who dies between 20 and 30 will experience injuries, infections or disabilities. Most of these death and injuries are entirely preventable, since making motherhood safer is a human right imperative.

A questionnaire method will be used to carry out a survey to see the problems women in rural areas are facing after giving birth. A research will be carried out in 2 different villages in Vadodara District. The WHO reports that approximately 830 women die each day from complications related to pregnancies. According to a case study in 2015 by Emmanuel Simon of University of Burgundy and Dijon Burgundy University, Dijon France who is a gynecologist, recommended on maternal care and management of complications in immediate post-partum period. Before the pandemic, major progress was made in improving the health of millions of people. Significant strides were made in increasing life expectancy and reducing some of the common killers associated with child and maternal mortality. But more efforts are needed to fully eradicate a wide range of diseases women are facing after giving birth.

KEY WORDS

Health, rural women, post delivery.

INTRODUCTION

The postpartum period also known as the puerperium and fourth trimester, refers to the time after birth when physiologic changes related to pregnancy return to the non-pregnant states. In addition to physiological needs of the postpartum mother and be sensitive to different cultural practices related to child birth, which may involve eating particular foods and restricting certain activities. This case study will provide an overview of normal physiologic changes and routine maternal care during the postpartum period. An overview of postpartum disorders and complications and their management are available separately. The postpartum nursing assessment is an important aspect of care in order to identify early signs of complications in the women who has just given birth. Postpartum period is distinct in three phases. The third phase is the delayed postpartum period, which can last up to 6 months. Our case study is to analyze and see how rural women are handling their post-delivery stages, what they are doing and the help they are being given as rural women. It has been noted that many of the women are neglecting themselves after delivery either due to lack of knowledge or not being given help at all. They are somehow getting affected by a number of diseases like back pain, excessive bleeding, and baby blues and just to mention a few. Increased bleeding, severe abdomen pain, severe headaches are also some of the complications women face after their birth procedures. Every women who goes through vaginal delivery or caesarean section goes through the post-partum delivery stage. Post-delivery stage has a number of stages and processes in order to overcome them or get past through the PPD. Getting rest and learning to pace oneself is needed amongst women after delivery. Every women is bound to go through physical changes after birth like vaginal discharge, feeling constipated or they develop thyroid problems in the first year after giving birth (postpartum thyroiditis). They are also bound to regain weight and shape that is guaranteed through the best diet directed by the doctor and constant visits to the doctor. During the postpartum stage women are bound to feel the blues, this is a period were their hormones are constantly changing i.e. they can feel sad, happy, overwhelmed, might lose sleep and this usually go away after probably two weeks. WHO made guidelines to support women and newborns in the post natal period? Over 60 recommendations that help shape a positive postnatal experience for women, babies and families were made. The aim of this study is to find the health and wellbeing of rural women after giving birth. This involves the help they are being given through that period either medical, physical and emotional support or financial support.

OBJECTIVES

- To find out about the health of rural women post-delivery.
- To find out about lifestyle of women in rural areas after giving birth.

- To find out if rural women are receiving any help and support through the postpartum period.
- To find out challenges that women face in rural areas during post-partum period.

REVIEW OF LITERATURE

Health of rural women after giving birth

Quality of Life of Women after Giving Birth: Associated Factors Related with the Birth Process. Juan Miguel Martínez-Galiano, Antonio Hernández Martinez, [...], and Miguel Delgado- : Quality of life (QoL) is a parameter that has been defined and recently taken into account as a health indicator. Given the importance that QoL has during the pregnancy, birth and postpartum process, and the recommendations made for future studies into this topic to design suitable strategies, policies and programs to improve women's postpartum QoL, the aim to determine the factors related with the pregnancy, birth and postpartum process associated with postpartum QoL was proposed

Women's Health and Well-Being in the United Nations Sustainable Development Goals: A Narrative Review of Achievements and Gaps in the Gulf States. Suhad Daher-Nashif et al. Int J Environ Res Public Health. 2020. The paper concludes that there is a much greater emphasis on reducing MMR, compared to providing access to sexual and reproductive healthcare. This difference is due to different socio-cultural framing of each of these two issues. The study reveals several gaps, such as a lack of discussion around challenges and barriers, and a lack of linkage between an SDG and the targets contained within it.

Rural Women Health Information Sources and Channels in Manipur, North East India.2021: Jayanta Deb, North Eastern Hill University, India. The study identified a number of health information sources such as Family members, Friends, among others and Information channels like Word of Mouth ASHA, Pamphlet in Mother tongue, Mobile phone Short Message System (SMS) for communicating their health information needs.

Health issues of women in rural environments: an overview. Bushy A1 2020. The information can help physicians to better understand the medical concerns of the rural women they may encounter in their practices. This article presents a profile of America's rural women and discusses the impact of economic, social, geographic, and cultural factors on their health. "I try to take care of it myself." how rural women search for health information.

Wathena CN 2021: Rural living poses special challenges (and opportunities) for the significant health information intermediary role that women enact. The women's stories reveal that they define health very broadly and that their information seeking is influenced by contextual factors, such as rural living and gender roles that interplay with their self-reliance, health iteracy, and the availability and willingness of others in professional and nonprofessional roles to give support within relationships of care.

Rural women. Lifestyle and health status. The Nursing Clinics of North America 2021. This article presented a "snapshot" of the concerns and issues confronting America's rural women. The discussion highlighted demographic, economic, and sociocultural factors that impact the

health status of women living in diverse rural environments. Recommendations were proposed to assist nurses to better address the health concerns of these women.

Case management: considerations for working with diverse rural client systems. Lippincott's Case Management: Managing the Process of Patient Care 2019. There is wide variability in the definition of rural, but one constant remains; it can be demanding and costly to provide services in more remote regions. Accessibility issues are associated with low population density, transportation, and communication infrastructures coupled with great distances between healthcare services and providers. Such factors pose challenges for urban-based providers of health-related services to meet the needs of rural residents in their catchment areas. This article highlights demographic, geographic, economic, and socio-cultural considerations that could assist case managers to better meet the needs of their rural-based clients.

Beyond risk factors to lived experiences: young women's experiences of health in Papua New Guinea. Hinton RL1 Earnest 2020. The young women's narratives document the importance of the connection between the diverse health needs of young women and the social and cultural environment in which they live. The role of connectedness with family, friends and community in young women's lives is an important issue and can provide opportunities for the delivery of culturally appropriate support to young women in response to key transitional points in their health experiences. Health practitioners and policy-makers in PNG need to reconsider their assumptions underlying women's health programs and interventions in rural areas, and broaden their perspective of health to recognize the ways in which women's personal experiences influence health.

Consideration of the determinants of women's mental health in remote Australian mining towns. Sharma S, Rees S 2018. Isolation from friends and relatives and limited resources and opportunities for family members of mine workers are some of the distinct disadvantages of these towns. Decades ago it was observed that a large number of women in new and remote mining towns suffered from neurotic problems. In contemporary times there is a deficit of knowledge about the mental health of women in remote mining towns. However, there are certain indicators of significant mental distress among women living in these particular environments.

What Do You Want to Know about Women's Health? The health line editorial team 2020. Healthy habits are the best way to avoid disease, prolong your life, and live more happily. But in the chaos of a woman's daily life, healthy living may take back seat to chores, work, busy schedules, and more.

Research Methodology

The universe was taken Amador and Pipaliya village of Waghodia Taluka of Vadodara District Gujarat. The sample size was taken 40 women and it is a qualitative research analysis.

Data analysis

1. It has been discovered that in both the villages where the research was carried out 45% of the women who are between 26 years to 33 years have children, 42.5% are between the ages of 18 to 25 then 12.5% are between the ages of 34 to 41.

2. Among these women 47.5% have only one kid, 27.5% have two kids and 17.5% have three kids.
3. 55% of the women give birth naturally whilst 45% gave birth through cesarean.
4. It has been observed that 97.5% gave birth at the hospital whilst 3% at home.
5. It has been observed that the mode of birth usually used is vaginal delivery 55% and cesarean 45%.
6. It has been observed in both villages that 87.5%of women are receiving the adequate medication/ medical assistance after giving birth and the rest 12.5%are not receiving.
7. The most of the complications women face is overall weakness i.e. 32.5%, the second was back pains which had 30% and the third was perineum pain 20% and the last complication was abdominal pain 17.5%.
8. It is observed that 62.5% of the women were being taken to medical checkups with their families in case of PPD or any other illness. The rest were being talked to, comforted, given financial assistance.
9. 45% of the women do not follow up with their health care providers after giving birth. 35.5% follow up with their health care providers after 3 to 6 weeks. 20% go after 6 to 9 weeks and the others go after 9 to 12 weeks.
10. It has been observed that 82.5% of the women have access to medical facilities during postpartum period. 17.5% do not have access to medical facilities.
11. According to the research carried out 67.5% women said they are provided with information on what to expect and how to manage soreness and vaginal discharge, sore breasts, back pain and mood changes after delivery whereas 32.2% are not given the information.
12. It has been observed that 82.5% of women have access to medical facilities during postpartum period whilst 17.5% have no access.
13. According to the research 92.5% of the women are getting help from relatives and friends whilst 7.5% are not.
14. According to the research 47.5% of the women get medication as help from the health workers/care givers for post-delivery, 22.5% get vaccination and medication from health workers as help, 17.5% get no help at all and 12.5% get vaccination only as assistance from health workers.
15. According to the research 100% of the rural women breast feed their children.
16. It has been observed that 40% of the women face life threatening complications after giving birth whilst 60% do not.
17. It has been observed that 47.5% of the women experience changes with postpartum blues and are diagnosed with clinical depression whilst 52.5% are not.
18. It has been observed that 75% of the women are able to maintain their balanced diet after giving birth whilst 25% are unable.

19. According to the research carried out 65% have access to a support network for those with PPD and they also have access to medication for women with PPD whilst 35% do not have access to support or any medication for women with PPD.
20. According to the research 70% of physical and emotional care recovery is being provided to both the new mother and new born baby whilst 25% are not provided with such help or assistance.

Question	Yes	No	Other
1. Women receiving adequate medication / medical assistance	**35**	**5**	
2. Complications after birth post delivery	**24**	**16**	
3. Assistance from family in case of any sickness or PPD	**25 + 7 +3+5**		**The help they get is either a. Being talked to or comforted b. Financial assistance c. Taken to medical checkups**
4. Follow ups with health care providers after giving birth	**22**	**18**	**The majority of the women go for follow ups between 3 to 9 weeks**
5. Access to medical facilities during postpartum period	**33**	**7**	
6. Information on what to expect and how to manage soreness and vaginal discharge	**27**	**13**	
6. Resting for the expected time	**32**	**8**	
7. Getting support from friends and family	**37**	**3**	
8. What help are they receiving from care givers	**37**	**3**	**The help is usually with medications' and vaccinations**
9. Breastfeeding their children	**40**	**0**	

10. Any life threatening complications after giving birth	**24**	**16**	
11. Any chances of women with postpartum blues to get diagnosed with clinical depression	**19**	**21**	
12. Are they able to maintain balanced diet	**30**	**10**	
Is there support network for those with PPD	**26**	**14**	
13. Are the health workers providing support for recovery of new mothers and new born baby	**28**	**12**	**They meet often or once, twice a week to check up on both the mother and baby The doctor often meets them at the hospital**

LIMITATIONS OF THE STUDY

Limited representatives

Our research needed a wider scope of resources and representatives. Information was only gathered from two main health workers each from a different village. Two villages were used. Instead of dealing with individuals information was collected from the aanganwadi. Information was generalized hence it was not understood under different perspectives. The health workers gave overall information basing on what they observed and knew.

Limited access to data

Case study method may have the errors of memory and judgment. Since Information was collected from a certain individual access too much deeper and detailed information was limited as the data was being given as overall information.

Time constraints

As students, deadlines to submit our class papers, assignments, reports and exams would clash with the research hence each assignment had a certain limitation of time leading to over straining ourselves as students with a lot to cover up and get done.

Collection of information was time consuming

Information was collected from one person representing a particular village and also representing a certain number of persons. It was time consuming to ask questions of one person and starting all over so that information of another would be collected.

Suggestions

- After noticing that some of the women are not able to receive help from their families and friends, it is suggested that there should be facilitation of women support groups were they meet and / are helped through the post-delivery stage.
- It is also suggested that more information on postnatal care and danger signs of it in the new mother and baby should be provided and also tailoring to the specific needs of the depressed women on their post-delivery stage.
- To women who experience excessive bleeding after a normal birth, it is advisable that they monitor and visit the hospital regularly as a severe postpartum hemorrhage disease is likely to occur.
- Generally, exercise in the postpartum period may being 4 to 6 weeks after delivery, deconditioning typically occurs during the initial postpartum period, so women should gradually increase physical activity levels until pre pregnancy physical levels are achieved.

CONCLUSION

As a result of the case study and survey done, the health of rural women during their post-delivery stage is crucial and important. Most of the rural women still use and have the idea that things should always be done the same way they used to be done and change is evitable. They believe that following the new modern societal doings is somewhat going to unsettle or retard the old values they grow up following. As some of the women are being resistant to the change and modification of the new health sector due to lack of knowledge, some have really grasped and are getting to under the whole idea of staying health and always showing up for one's self. The post-partum stage is one of those things that many people are unaware of, most men do not believe that after delivery women really go through the hardest times and changes and this may lead to postpartum depression. According to our research it was observed and analyzed that most the women are able to get support and really understand the concept of looking after their health and wellbeing. In relation to sustainable development goal 3 and recommendations put in place by WHO in regards to the postpartum health of women there has been a huge improvement in the medical facilities and regulations being put in place to assist past through this stage, and this has resulted in maternal mortality being slightly reduced and also women being able to look after themselves. Post-delivery is a stage after giving birth and that period is crucial both for the mother and the new born baby. The health of rural women in relation to this topic is quite improving because they are being talked too on what to expect, they are also being given information on the changes that are likely to happen to them, all this awareness and medications and vaccinations included help their health and wellbeing to be at a greater positive part. Psycho therapy sessions and groups are being made and created to spread much more awareness and educate women regarding this period. This survey was an eye opener and it showed that the health sector regarding the orientation of postpartum stage is improving and it is likely to be better in the upcoming years.

As expressed, the purpose of the case study was to identify the wellbeing and health of rural women after birth. According to the representatives [health workers] information was shared. Mostly the women give birth naturally, the number of kids they usually have is either 1 or 2 and mostly they are between the ages of 26 to 33. Their place of delivery is always the hospital, although one or two might give birth in the house due to incorrect calculations of days or not visiting the doctor and clinic regularly. Most of the women in this particular villages [Amador and Pipaliya] face overall weakness and overall back pain. The women are also able to maintain their balanced diet and this then helps in recovering, and being able to get back to their feet in time and manage some of the household activities. They also rest for their requested time by the doctors which is about 2 to 3 months. Family members mostly help with financial needs and take care of the medical expenses. They are also taken for checkups, provided for and at times monitored by the health workers. However over fifty percent of the women are able to maintain their health and are acceptant of the information they are being given but not everyone is likely to cooperate due to certain beliefs and upbringing, and just resistant to change as well as lack of enough proper information and advice. It was also brought to light that some of the health workers do not treat women who would have given birth properly or those who share information of what they are going through.

Postpartum period is mentioned as the most sensitive and is regarded as a time of high risk for various psychiatric disorders. One of these emotional disturbances is postnatal depression. Accumulated fatigue, lethargy, the lack of sleep, the lack of real understanding and effective help from friends and relatives, poor emotional background mood – these are symptoms of the state which have the majority of young mothers. Postpartum stress or baby blues is observed in 50-70% of women. Its symptoms appear on the third day after birth, most evident on the fifth – seventh day (which coincides with the peak of hormonal shift) and, in most cases, disappear by tenth – twelfth day (Rosenfield, 2006). Women experience mood swings, often cry, become anxious, restless or irritable and have sleep disturbances. Why do emotional lift and euphoria arising immediately after birth in the vast majority of women replaced by lower mood, confusion, anxiety, uncertainty, and sadness appear on the third day after birth? Fast and powerful changes in hormonal levels are traditionally regarded as the leading biological cause. Psychologically, after a long time of pregnancy, a woman gets used to her condition and after birth, a sense of loss of something important and valuable occurs. For the woman, who becomes a mother for the first time, a new role carries with it new responsibilities, anxieties, and worries. If we consider in this case the existing physical discomfort - pain after episiotomy, bloating and breast tenderness, nausea, then emotional discomfort becomes clearer (Rosenfield, 2006).

The causes of postnatal depression are different. These disorders occur as a result of hormonal changes, increased physical activity, individual characteristics, and changes of personality during the period of adaptation to new social and psychological conditions.

REFERENCES

1. Postpartum depression in a cohort of women from a rural area of Tamil Nadu India, Kumar and Robson Kumar and Robson 1984; 9-28

2. World Health Organization Trends in maternal mortality 1990 to 2008 Geneva: World Health Organization: 2010 p52
3. Iyengar K, Iyengar SD Emergency obstetric care and referral: experience of two midwife led health centers in rural Rajasthan, India Repro'd Health Matters 2009; 17:9-20 [PubMed] [Google Scholar]
4. Good burn EA. An investigation into nature and determinants of maternal morbidity related to post delivery and the puerperium in rural Bangladesh: end of study report. Dhaka: Bangladesh Rural Advancement Committee; 1994 pp1-57 [Google scholar]
5. Somdatta P, Reddaiah VP, Singh B Prevalence of anemia in the postpartum period: a study of a north Indian village. Trop Doct 2009; 39:211-5 [PubMed] [Google Scholar]

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A STUDY ON "REDUCE ROAD INJURIES AND DEATH"

Student of Human Resource Management:

1. Name:-khan Shumaiila

E-mail : shumaiilakhan381@gmail.com

Contact no :- 8488871786

2. Priyarajsinh puvar

E-mail :- puvarpriyaraj@gmail.com

Contact :- 7046058985

Parul Institute of Social Work, Parul University

Waghodiya Vadodara, Gujarat (India)

ABSTRACT

Road accidents are considered the most important general health concern, as it results in numerous injuries and deaths worldwide. India is one among the developing nation which experiences the highest rate of such accidents. Thus the traffic agencies and public concentrates at the measures to reduce such accident severity in order to reduce the fatality rate. This paper reviews various factors and statistics related to road accidents occurred in various countries and also studies different safety measures suggested by researchers.

KEYWORDS

Accidents, Causes, Safety, Severity, Fatality

INTRODUCTION

The effects of injuries and fatalities due to road traffic accidents (RTAs) have a tremendous impact on socio-economic development of a country. RTAs causing an estimated 1.2 million deaths and 50 million injuries per year (World Health Organization, 2004) are one of the most threatening issues to a government. The major states that contribute to the development of country in various aspects, encounters serious threat of RTAs. The major aim of this work is to collect the empirical details and various important statistics related to the road accident severity and the measures to reduce RTAs. Safety can be improved by successfully correlating frequency

of accident occurrence and severity of the causative variables. RTAs can be reduced through proper education and promotional involvement that encourage the use of safety equipments. Not much is known about the effects of safety education programmes and driver education programmes. This work gives a wide analysis of causes and frequency of accidents occurring in leading cities of world also an analysis was made to prevent the same in order to improve the socio-economic factors of a country.

MAJOR CAUSES OF ROAD TRAFFIC ACCIDENTS

Environmental factors and stress plays a vital role in causing major road traffic accidents. Other important factors such as the age of the vehicle, safety measures, human error and time and place of accident decide the fatalities and the seriousness of the accidents. Human error seems to be the major cause in majority of vehicular accidents. Examination on the operator or human causes will be a critical component for accident analyses. Investigation on the part played by the human component in the traffic system is to be considered very important among road safety problems. Skill of the operator and traffic scenario are other factors involved in collisions. Human error is also caused by stress due to economic or family problems. Such a state of mind makes them cause road accidents. Carelessness is one of the causes of road accidents in our country. Some of the examples include using mobile phone while driving a vehicle, ignoring the red signal in traffic signals and emerging from a side road into the path of another vehicle. Over speeding is one of the reason as injury severity increases with collision speed and the lack of head protection accounts for the most severe but preventable injuries. Insufficiently experienced drivers and authorizing improperly trained drivers and insufficient knowledge of traffic signs tend to increase the number of road traffic accidents. Another important cause for alarming increase in number of road accidents is driving of vehicle in drunken state. Under the influence of alcohol and other intoxicated substances, the drivers lose the self consciousness and control over the vehicle which ultimately forms the reason for accidents. Lack of sensitivity and responsibility on the part of state authorities also forms one of the reasons. The human sensibility and life respecting emotions of state authorities, to look into situations on the roads like mal-functioning of traffic lights also causes accidents if not properly maintained.

ROAD ACCIDENT STUDIES ON CRITICAL FACTORS

Extensive human and material losses, many temporary and permanent injuries and enormous damages to the public and private properties are the ultimate results of road traffic accidents. The critical factors affecting accident severity were featured in various reports. Kristle Young et al., (2007) reviewed the aspects on in-vehicle driver distraction, focusing on mobile phone use in particular, stated that this device has received the greatest attention in the driver distraction literature. The paper also discussed the effect of in-vehicle devices on driving performance. Haigney et al., (2000) studied the possible effects of mobile phone usage on driving performance. The relative influences of using hand-held and hands-free mobile phone on driving performance were studied with thirty participants using stimulators and reported. The results disclosed decrease in mean speed and the A Review on Road Traffic Accident and

Related Factor. standard of the participants during conversation on the mobile phone. The research suggested that drivers are often involved in a range of compensatory approach in an attempt to maintain an acceptable level of driving performance while interacting with in-vehicle devices.

ROAD TRAFFIC ACCIDENT STUDIES IN VARIOUS COUNTRIES

The impact of traffic law enforcement on road accident fatalities in Botswana has been collected and drafted by Thus Mphela (2005). In this study the impact of traffic law enforcement on fatalities in Botswana was assessed using multiple regression analysis using secondary data and interview data obtained from law enforcers. The study concluded that licensed drivers in the age group 30 to 45 years have the lowest rate of fatalities.

Road Traffic Accident Situation in Khulna city, Bangladesh was reported by Hossain et al., (2005). Two year data pertaining to road accidents were gathered from different police stations located in the city. During the report period, 157 road accidents occurred and 25% of the victims were in the age group of 30 to 39 years, 33% of pedestrians lost their life and 34% of them got injured. Omar and Ashawesh

(2008) forecasted that by the year 2020, road accidents would move up to third place in the table of major causes of death and disability.

Atubi (2010) had performed a monthly analysis of road traffic accident with data from secondary source in selected local Government Grease of Laos state, Nigeria.

This study suggested preventive & corrective safety measures towards reducing road traffic accidents. In Nigeria, over the past thirty years disturbing road traffic accident situation has been witnessed. The chance of a person getting killed in Nigeria when compared with that in Britain is 47 times higher.

STUDIES ON VARIOUS ROAD SAFETY MODELS

Gianluca Dell Acqua et al., (2003) illustrated road safety statistical models to predict injury accidents. Two accident prediction models one associated with two-lane rural roads and the other with multilane roadways were calibrated using procedure based on least squares method with a confidence level of 95%. Traffic flow, lane width, vertical slope and curvature change rate and roadways segments length were the explanatory variables. 223 kilometers of Italian roadways were covered and analyzed within the Salerno Province network. The Gauss-Newton method based on the Taylor series was used to estimate the coefficients of employed variables.

Accident Analysis and prevention by Taimur Usman et al., (2010) presented a modelling approach that associated accident frequency with road surface conditions, visibility and other influencing factors during a snow storm event. The findings of this paper can be applied for assessing various maintenance strategies using safety as a performance measure. The paper explained the empirical relationship between safety and road surface conditions, and made quantification of safety benefits easier.

Tibebe Beshah et al., (2010) applied data mining technologies that linked recorded road characteristic data with accident severity in Ethiopia, and proposed certain rules that could be adopted by the Ethiopian Traffic Agency to improve safety. The Ethiopian traffic control system data on several facets of traffic system, like traffic volume, traffic concentration, and vehicular accidents. The study presumes that accidents are not randomly scattered by the side of road network, and that drivers are not involved in accidents at random. The accident record has more than 40 factors of A Review on Road Traffic Accident and Related Factors text, numbers, dates and times. Among these, the car plate number, and driver's name were kept confidential for privacy purposes.

Ahmad Hasan Nury et al., (2012) provided methodological analysis of accident prevalence and severity of traffic accident distributions in terms of locations, frequency, vehicles and duration. Poison and negative binomial regression models are more appropriate tool in accident modeling (Lee 1999).

Lars Hultkrantz et al., (2006) reported the result of contingent valuation (CV) study in Sweden of improved urban road safety. Respondents were trained in trading income for reduced risk by acquainting them to risk reduction and cost assurgent and compared responses from samples with different risk change magnitudes.

Baojin Wang (2002) had investigated a sample of evaluations by drivers regarding typical road environments related to safety. A face to face survey data of a sample of Sydney drivers was used to estimate an ordered probity model, a method often used in travel behaviour studies. In the survey, a respondent evaluated 27 sceneries developed to measure a driver's perceived safety in the road environment.

The research by G A Hindle et al., (2011) reported the rates of personal injury collisions (PIC) over the past decade on the roads of English local authority areas. A significant difference in improvement rate was observed between urban and rural dimension and was very much depended on prior PIC risk levels. The study featured the accident scenario of sites under the continual surveillance of camera and its impact on accidents.

Dinesh Mohan (2011) had demonstrated that information regarding road accidents is not reliable in few developed countries whereas a few developing countries have good data svstems. This work had made a broad assessment of the status of road safety in 178 countries. The data acquired from national governments in a standardized survey form was used to recommend measures to be adopted for road safety and policies needed to bring down road accidents. It was also shown that there is no relation between a country's income level and specific fatality rates of the road users.

From the study on various safety models, coefficients of employed variables like traffic flow, lane width, etc and various maintenance strategies for preventing accidents can be estimated. The model studies are useful in determining factors causing accidents and traffic accident distributions as preventive measures can be devised suitably. Model studies on evaluation of driver's situation and performance can help in identifying preventive measures to avoid rider based accidents. Studies on use of camera surveillance to monitor predicted accident spots showed the efficiency of its usage in preventing accidents.

CONCLUSION

The results of various field works done on the road traffic accident in various countries have been reported in this paper. This literature study helps the researchers to have a nut shell view about the effect of RTAs and the safety measures to be followed to avoid RTAs. The empirical details and various important statistics related to the road accident severity and the measures to reduce RTAs discussed in various studies were presented. Multifaceted review of various literatures has shown that accidents occurrences are the effect of multiple human, vehicle and environmental elements often interacting in a complicated manner to generate the initiation of the event. The causes of road traffic accidents are not just human error or driver negligence. There is need to view road traffic accident as an issue that needs urgent attention aimed at reducing the health, social and economic impacts.

REFERENCES

1. Ahmad Hasan Nury, Jahir Bin Alam, Syeda zehan farzana, Md. Abu Zafor, (2012). Study on Frequency Analysis of Sylhet City's Road Accident. Int. T. of Engg. and Tech. 2(4): 608-615.
2. Atubi Augustus 0,(2010). Road Traffic Accident Variations in Lagos State, Nigeria: A ynopsis of Variance Spectra. Afr. Res. Rev. 4(2):197-218.
3. Banik, B. K., Chowdhary, M. A. I., Hossain, E., and Moumdar, B. (2011). Road accident and safety study in Sylhet Region of Bangladesh. J.
4. of Engg. Sci. and Tech. 6(4):493-505. Baojin Wang (2002). Safety in the Road Environment: A Driver Behavioural Response Perspective. Trans.29: 253- 255.
5. BESHAH, T., HILL, S.(2010). Mining Road Traffic Accident Data to Improve Safety: Role of Road-Related Factors on Accident Severity in Ethiopia. Proceedings of AAAI Artificial Intelligence for Development, 22-24.
6. Dell'Acqua, G.; Russo, F. (2010). Speed Factors on Low-Volume Roads for Horizontal Curves and Tangents. The Baltic J. of Road and Bridge Engg. 5(2): 89-97.

   Dinesh Mohan, (2011). Analysis of Road Traffic Fatality Data for Asia. J. of the Eastern Asia Societv for Trans. Studies. 9: 1786 - 1795.
7. G A Hindle, T Hindle, (2011). Safety Cameras and Road Accidents: Effectiveness in Local Authority Areas in England. J. of the Op. Res. Soc. 62: 1181-1188.
8. Haigney, D. E., Westerman, S. J. (2001). Mobile (cell) phone use and driving: A critical review of research methodology. Ergonomics, 44:132-143.

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CONCEPT PAPER ON MENTAL HEALTH THE CARDINAL WEALTH: MENTAL HEALTH OF YOUTH IN INDIA

1* Ms Janvi Rana

Student of Masters of Human Resource Management

2* Mr. Vimal Makwana

Assistant professor,

Parul Institute of Social Work,

Parul University, Vadodara, Gujarat

ABSTRACT

The purpose of this paper is to assess the prevalence and socio-economic determinants of common mental disorders among youth in India. The study utilizes data from "Youth in India: Situation and Needs. Poisson regression models are used to test the relationship of household, parental, and individual factors with mental health problems. An estimated 11-31 million youth suffer from reported mental health problems in India. Results suggest that the household and individual factors like place of residence, wealth quintile, age, education, and occupation are the most important determinants of mental health problems among Indian youth. Parental factors lose their statistical significance once individual factors are controlled.

CONCENPTUAL FRAMEWORK

CONCEPT IF MENTAL HEALTH

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

CURRENT DATA OF MENTAL HEALTH OF YOUTH

In 2021, more than 4 in 10 (42%) students felt persistently sad or hopeless and nearly one-third (29%) experienced poor mental health. In 2021, more than 1 in 5 (22%) students seriously considered attempting suicide and 1 in 10 (10%) attempted suicide.

MENTAL HEALTH AND YOUTH

To be in optimal mental health is essential for optimal functioning as well as for productivity for any person. In the last few decades, the world has been changing very fast, especially with the invention of faster modes of transport, ease of migration across countries and the revolutionary developments in information technology (IT). This has brought major challenges to the mental health professionals. The IT revolution has been accompanied by ill effects such as reduced social interaction, physical activities and intimacy and a more sedentary lifestyle1. Real life in-person interaction is being increasingly replaced by an artificial sense of intimacy through the social networking platforms. The current day youth spends a substantial time of the day on the internet and is exposed to information implosion including cybercrimes, cyberbullying and violent video games. The internet is also a source of (mis)information, source of which is often not verified and has a potential of harming the young mind. Blue Whale game is a recent example of such a harm4,5. Increasing violence in the young people is another important issue needing attention since youth are at risk of being victims as well as perpetrators of violence3. Cyberbullying is another mode of bullying, which has become increasingly common in the last few years with the increased access to and use of the internet-based services. Behavioural addictions and cyberbullying are two important harmful effects of the modern digital age, which especially affect the young4. Internet use disorder is now being recognized as a new disorder needing therapeutic interventions6. Street children and those living in shelter homes are another important group of young people, which is especially vulnerable in the absence of family support and a stable home. This group is frequently exposed to harms due to drug use, physical & sexual abuse, criminal behaviour & violence7. Mental ill-health, substance use and violence in the young population are some important challenges faced by the mental health professionals as well as the society.

SOLUTIONS IN RESPECT TO MENTAL HEALTH OF YOUTH

The presence or absence of various combinations of protective and risk factors contribute to the mental health of youth and efforts can be undertaken to promote positive mental health and prevent or minimize mental health problems. Youth with mental health disorders may face challenges in their homes, school, community, and interpersonal relationships. Despite these challenges, for most youth, mental health distress is episodic, not permanent, and most can successfully navigate the challenges that come from experiencing a mental health disorder with treatment, peer and professional supports and services, and a strong family and social support network.

EDITORIAL

Youth & mental health

Challenges ahead

Chadda, Rakesh K.

Author Information

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OPEN

METRICS

Our world is home to 1.8 billion young people of age 10-24 yr, contributing about one-fourth of the total world population. Nine out of 10 of them live in the less developed countries. India has the world's highest number of this age group with 356 million, despite having a smaller population than China. Of all the population groups, the young population is growing fastest, especially in the poorest nations1. The young age is one of the most important phases of life, being the formative period with major impacts on the future. The phase carries special significance for mental health, since most mental and substance use disorders (MSUDs) have onset in young age or adolescence, and many tend to run a chronic or relapsing course2. A world changing at a fast pace carries special significance here, since it further poses a challenge to mental health, especially for the young who are in a formative stage of life3. In this background, the theme of the world mental health day this year 'young people and mental health in a changing world' is appropriate.

CHANGING WORLD & MENTAL HEALTH

To be in optimal mental health is essential for optimal functioning as well as for productivity for any person. In the last few decades, the world has been changing very fast, especially with the invention of faster modes of transport, ease of migration across countries and the revolutionary developments in information technology (IT). This has brought major challenges to the mental health professionals. The IT revolution has been accompanied by ill effects such as reduced social interaction, physical activities and intimacy and a more sedentary lifestyle1. Real life in-person interaction is being increasingly replaced by an artificial sense of intimacy through the social networking platforms. The current day youth spend a substantial time of the day on the internet and is exposed to information implosion including cybercrimes, cyberbullying and violent video games. The internet is also a source of (mis)information, source of which is often not verified and has a potential of harming the young mind. Blue Whale game is a recent example of such a harm. Increasing violence in the young people is another important issue needing attention since youth are at risk of being victims as well as perpetrators of violence. Cyberbullying is another mode of bullying, which has become increasingly common in the last few years with the increased access to and use of the internet-based services. Behavioural addictions and cyberbullying are two important harmful effects of the modern digital age, which especially affect the young. Internet use disorder is now being recognized as a new disorder needing therapeutic interventions. Street children and those living in shelter homes are another important group of young people, which is especially vulnerable in the absence of family support and a stable home. This group is frequently exposed to harms

due to drug use, physical and sexual abuse, criminal behaviour and violence. Mental ill-health, substance use and violence in the young population are some important challenges faced by the mental health professionals as well as the society.

Available evidence indicates that young people are prone to a number of health impacting conditions due to personal choices, environmental influences and lifestyle changes including both communicable and non-communicable disorders and injuries. Others include substance use disorders (tobacco, alcohol and others), road traffic injuries (RTIs), suicides (completed and attempted), sexually transmitted infections (STI) including human immunodeficiency virus (HIV) infection, teen and unplanned pregnancies, homelessness, violence and several others. In all countries, whether developing, transitional or developed, disabilities and acute and chronic illnesses are often induced or compounded by economic hardship, unemployment, sanctions, restrictions, poverty or poorly distributed wealth at both individual and country level.

REFERENCES

1. https://youth.gov/youth-topics/youth-mental-health
2. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6362731/
3. https://www.cdc.gov/healthyyouth/mental-health/index.htm#:~:text=Adolescent%20Mental%20Health%20Continues%20to%20Worsen&text=In%202021%2C%20more%20than%204,10%20(10%25)%20attempted%20suicide
4. https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health

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CONCEPT PAPER ON FACTORS AFFECTING PHYSICAL ACTIVITY OF HEALTHCARE WORKERS

1* Dr.Christina Parmar

Associate Professor

2*Miss Kinjal Chauhan

Student of Human Resource Management

Parul Institute of Social Work,

Parul University, Vadodara, Gujarat

ABSTRACT

Low physical activity in adulthood is a major public health challenge. The majority of adults spend many hours each week at work, and workplace thus becomes a suitable location in which to promote health and implement physical activity programs. This study was conducted to identify the barriers and facilitators of worksite physical activity.

KEYWORDS

Physical activity, Healthcare,Workers etc.

INTRODUCTION

Physical activity is defined as any movement of the body that requires energy expenditure [1]. Physical activity improves muscular and cardiorespiratory fitness and bone health and reduces the risk of hypertension, coronary heart disease, stroke, type 2 diabetes, various types of cancer, and depression. A meta-analysis found that workplace physical activity interventions improve employees' health and mitigate their work stress.

Many technological advances and conveniences that have made our lives easier and less active, many personal variables, including physiological, behavioural, and psychological factors, may affect our plans to become more physically active. Understanding common barriers to physical activity and creating strategies to overcome them may help make physical activity part of daily life.

FACTORS AFFECTING PHYSICAL ACTIVITY

Barriers can be categorized into external and internal barriers. External barriers involve the environment while internal barriers comprise personal factors such as preferences and attitudes.

Personal Barriers

With technological advances and conveniences, people's lives have in many ways become increasingly easier, as well as less active. In addition, people have many personal reasons or explanations for being inactive. The most common reasons adults don't adopt more physically active lifestyles are cited as :

- Insufficient time to exercise
- Inconvenience of exercise
- Lack of self-motivation
- Non-enjoyment of exercise
- Boredom with exercise
- Lack of confidence in their ability to be physically active (low self-efficacy)
- Fear of being injured or having been injured recently
- Lack of self-management skills, such as the ability to set personal goals, monitor
- Progress, or reward progress toward such goals
- Lack of encouragement, support, or companionship from family and friends
- Non-availability of parks, sidewalks, bicycle trails, or safe and pleasant walking
- Paths close to home or the workplace

The top three barriers to engaging in physical activity across the adult lifespan are…

- Time
- Energy
- Motivation

Environmental barriers

The environment in which we live has a great influence on our level of physical activity. Many factors in our environment affect us. Obvious factors include the accessibility of walking paths, cycling trails, and recreation facilities. Factors such as traffic, availability of public transportation, crime, and pollution may also have an effect. Other environmental factors include our social environment, such as support from family and friends, and community spirit. It is possible to make changes in our environment through campaigns to support active transportation, legislation for safer communities, and the creation of new recreation facilities.

OVERCOMING BARRIERS

The Centers for Disease Control and Prevention makes suggestions for overcoming physical activity barriers:

1. lack of time,
2. social influence,
3. lack of influence
4. Lack of willpower,
5. fear of injury,
6. lack of skill,
7. lack of resources (e.g., recreational facilities, exercise equipment)

REVIEW OF LITERATURE

- **R.Gayathiri, Dr.LalithaRamakrishnan (2013)** The increased complexity Of today's environment poses several challenges to hospital management. Trends such As changing organizational structures, increased knowledge and specialisation, Interdisciplinary collaboration, advancement of technology, new health problems and Health care policy, and sophistication in medical education have a part to play. All These affected the nursing profession and skill requirements as well as their Commitment to performance in hospitals. In view of this, hospital management had to Ensure quality of life for nurses that could provide satisfaction and enhance job Performance. In this paper, an attempt was made to review the literature on quality of Life to identify the concept and measurement variables as well its linkage with Satisfaction and performance.

RESEARCH METHODOLOGY

OBJECTIVE

- To identify the factors affecting physical activity of health care workers.
- To identify the internal and external barriers to physical activity.

RESEARCH DESIGN

- Desk Research

CONCLUSION

It can be concluded that In order to promote physical activity among individuals generally, increasing physical activity in the workplace necessitates several interventions, particularly with regard to organisational variables, policy-making, and law. Healthcare workers' low

levels of physical exercise are caused by social pressure, a lack of willpower, and a sense of injury.

REFERENCE

1. https://doi.org/10.21203/rs.3.rs-531753/v2
2. https://www.physio-pedia.com
3. R.Gayathiri, Dr.LalithaRamakrishnan (2013) “The increased complexity Of today’s environment poses several challenges to hospital management”.

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"PROMOTE MENTAL HEALTH AMONG THE MENTAL PEOPLE FROM HOSPITAL OF VADODARA GUJARAT"

Researcher: Hiral Shah

Research Guide: Asst. Prof. Neha Dubey

Parul Institute of Social Work

Parul University, Vadodata, Gujarat (India)

ABSTRACT

There is no health without mental health. WHO is advocating for a whole-of-government and whole-of-society response anchored in a shared vision for the future of mental health in the region. Mental health promotion includes measures to strengthen the policy environment and the use of strategic communication for network building, stakeholder engagement, mental health literacy and behavior change.

Mental health interventions improve overall well-being and are delivered in the settings where people live, work, learn and thrive. These include school and workplace mental health programs, early childhood interventions, social support and community engagement, women's empowerment, anti-discrimination programs, and other interventions that address the social determinants of mental health. To maximize impact, mental health promotion activities need to be closely linked to mental health services and include a variety of health and non-health (e.g. education, work, social care, justice, environment, etc.).

WHO also runs high-profile advocacy campaigns to mobilize partners and resources while raising awareness among decision-makers and the general public. These include annual mental health days, suicide and dementia prevention and other special initiatives.

INTRODUCTION

MENTAL HEALTH PROMOTION AND PREVENTION

The terms mental health promotion and prevention have often been confused. Promotion is defined as an intervention to optimize positive mental health by addressing the determinants of positive mental health before a specific mental health problem has been identified, with the ultimate goal of improving the positive mental health of the population. Mental health prevention is defined as an intervention to minimize mental health problems by targeting the determinants of mental health problems before a specific mental health problem is identified

in the individual, group or population being targeted, with the ultimate goal of reducing the number of future mental health. problems in the population.1 Mental health promotion and prevention are at the heart of a public health approach to child and youth mental health that addresses the mental health of all children and focuses on the balance between optimizing positive mental health as well as preventing and treating mental health problems.

PROMOTION

Mental health promotion seeks to encourage and increase protective factors and healthy behaviors that can help prevent the development of a diagnosable mental disorder and reduce risk factors that can lead to the development of a mental disorder.2 It also includes creating living conditions and environments that promote mental health and enable people to adopt and maintain a healthy lifestyle or "climate that respects and protects basic civil, political, socio-economic and cultural rights is fundamental to promoting mental health. Without the security and freedom these rights provide, it is very difficult to maintain a high level of mental health."3

Specifically, mental health can be promoted through early childhood interventions (e.g. home visits to pregnant women, preschool psychosocial activities);

providing support to children (eg skills building programmes, child and youth development programmes);

programs targeting vulnerable groups, including minorities, indigenous peoples, migrants and people affected by conflict and disasters (eg psychosocial interventions after disasters);

incorporating activities to support mental health in schools (e.g. programs supporting environmental changes in schools and child-friendly schools);

violence prevention programs; and among others community development programs.4

Positive youth development is defined by the Interagency Task Force on Youth Programs as an intentional, prosocial approach that engages youth in their communities, schools, organizations, peer groups, and families in ways that are productive and constructive;

acknowledges, utilizes and enhances the strengths of youth; and

promotes positive outcomes for young people by providing them with opportunities, fostering positive relationships and providing the support they need to build on their leadership strengths.

It provides a lens for youth mental health promotion by focusing on protective factors in a young person's environment and how these factors might influence a person's ability to overcome adversity. Learn more about positive youth development.

PREVENTION

Prevention efforts can vary depending on the audience they address, the level of intensity they provide, and the developmental stage they target. Figure 1 shows the different types of prevention as defined by the Institute of Medicine. As prevention efforts move from universal preventive interventions to treatment, they increase in intensity and become more individualized.

MEANING

Mental health promotion is part of 'mental health' health promotion. It is "the process of enabling people to increase control over their mental health and its determinants, thereby improving their mental health".

REVIEW OD LITERATURE

Y O O shodiet al. (2012) a cross-sectional descriptive study was conducted. Suitable consecutive subjects were enrolled in the study for 6 months. Fifty-three caregivers relatives of patients with a diagnosed psychiatric illness were assessed using the General Health questionnaire version 12, plan adjusted burden of care (BOC) and sociodemographic questionnaire and shows that in developed regions more than seven out of ten (72%) caregivers of people living with mental illness experience a significant burden. Likewise evidence from low- and middle-income countries reported that a substantial proportion, 40%, of caregivers mentally ill patients experience psychological distress.

Chinwe Frances Inogbo (2017) a study was conducted on a dyad of 255 patients and caregivers. Both were given a socio-demographic questionnaire. GHQ-12 was used to screen for psychiatric morbidity in FDR. Caregiver burden was assessed with Zarit Stress interview. Patients' disease severity and level of functioning were assessed using the Brief Psychiatric Rating Scale and Global Assessment of Functioning scales. This the study aimed to determine the burden of care and its correlates in caregivers who are first-degree relatives of patients with schizophrenia and the result was that family caregivers were reported to have emotional, psychological, physical, social and financial difficulties because of caring for his mentally ill relative.

RESEARCH METHODOLOGY

OBJECTIVES OF THE STUDY

1. Evaluate the basic data of caregivers of the mentally ill.
2. To assess and compare the clinical psychological disorders of caregivers of the mentally ill using GMHAT-PC.
3. Assess and compare the mental well-being of carers of the mentally ill using the Warwick The Edinburgh Wellbeing Scale.
4. Assess and compare the effectiveness of a self-help model of mental health promotion using a self-structured Likert scale.
5. Comparison of psychological disorders (GMHAT-PC) with mental well-being (WEMWBS)
6. Comparison of mental well-being (WEMWBS) with self-help mental health Questionnaire (SHMHPM)

RESEARCH DESIGN

The research design is a framework for research methods chose by the researcher. The design allows researcher to hone the research methods that are most relevant to the subject and to plan their study for success.

UNIVERSE

The universe of the research is hospitals or NGOs of Vadodara which comes into mental treatment.

SAMPLE AND SAMPLING TECHNIQUES

The sample covered 30 respondents from the hospitals and NGOs.

The sampling method adopted for the research is probability sampling.

i.e., simple random sampling method

METHOD AND TOOLS OF DATA COLLECTION

Questionnaire: A questionnaire is a research instruction consisting of a series of questions for the purpose of gathering information from respondents.

Secondary Tool

Articles and study

CONCLUSION

The Family Burden Interview Schedule (FBIS) was used to assess caregiver burden and was concluded that while family members' care of a patient with a mental disorder significantly affects the patient's health, the literature documents increasing concerns about the caregiver's well-being with respect to their mental and physical health. Caregivers have been reported to experience psychological distress and burden while caring for family relatives with mental disorders or disabilities. Therefore, researchers have defined caregiver burden as the unwanted and negative experiences that caregivers experience as a result of caring for their mentally ill relative.35 Some studies highlight the extent of caregiver burden and psychological distress. An earlier study in Nigeria reported that about 45% of family caregivers who provided care for a schizophrenic relative experienced high caregiving burden.

REFERENCE

1. Croudace T, Evans J, Harrison G, Sharp DJ et al. Impact of the ICD-10 Primary Health Care (PHC) Guidelines for the Diagnosis and Treatment of Mental Disorders on Detection and Outcome in Primary Care. A cluster randomized controlled trial. Br J Psychiatry. 2003 January; 182:20-30. doi: 10.1192/bjp.182.1.20. PMID: 12509314.

2. Dowrick C, Buchan I. Twelve-month outcome of depression in general practice: does detection or disclosure make a difference? BMJ. 1995 Nov 11;311(7015):1274-6. doi: 10.1136/bmj.311.7015.1274. PMID: 7496238; PMCID: PMC2551186.
3. Dowrick C, Gask L, Perry R, et al. Do GPs' attitudes towards depression predict their clinical behaviour? Psychol Med. 2000 Mar;30(2):413-9. doi: 10.1017/s0033291799001531. PMID: 10824661.
4. Gask L, Morriss R. Training GPs in mental health skills. Epidemiol Psychiatr Soc. 1999 Apr-Jun;8(2):79-84. doi: 10.1017/s1121189x00007570. PMID: 10540510.
5. Bhargava. World Association of Social Work. Bulletin Pune Indian Chapter, 2004; 52.
6. National Association of Family Caregivers. Indian Journal of Psychiatry Publication, Psychiatric Society 2004
7. Susan. Women's roles in caregiving are changing profiles and pathways. Journal of Social Sciences. 2000; 50(B) 6: 530-31.

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19

CONCEPT PAPER ON REDUCE ILLNESSES AND DEATHS FROM HAZARDOUS CHEMICALS AND POLLUTION

Ms. Naziyabanu Rathod

Email:naziyarathod2@gmail.com

Mo.No:9106350978

Parul Institute of Social Work

Parul University, Vadodara, Gujarat

ABSTRACT

This paper is concept paper. The researcher describe about the illnesses and deaths from hazardous chemicals and pollution. researcher describe about the illnesses which is caused by hazardous chemicals and pollution, about the causes of illness and death from hazardous chemicals and pollutions, which are the most common hazardous chemicals and about the pollution, types of pollution and effect of the hazardous chemicals and pollution on human health, and death rate because of hazardous chemicals and pollution in India and world. And what can we do t reduce illness and deaths from hazardous chemicals and pollution.

KEY WORDS

Illnesses, Deaths, Hazardous chemicals, Pollution

INTRODUCTION

Reduce illnesses and deaths from hazardous chemicals

Hazardous chemicals are substances that can cause adverse health effects such poisoning, breathing problems, skin rashes, allergic reaction, cancer, and other health problems from exposure. A hazardous chemical is a chemical that has properties with the potential to do harm to human or animal health, the environment or capable of damaging property.

Chemicals, whether of natural origin or produced by human activities are part of our environment.

Naturally occurring chemicals include, for instance arsenic and fluoride in drinking water, suspended particulate matter and sulfur dioxide from volcanic emission or forest fires, or naturally occurring toxins.

Manufactured chemicals include industrial and agricultural products such as pesticides, petroleum products, processed metals and products of combustion such as toxic gases and particles from industrial emissions and burning of fuel. Some chemicals are manufactured for specific uses in the products of common life, while others are unwanted by products, wastes or products of combustion.

Hazardous chemicals are normally classified according to the risk they pose to health and property. Hazardous chemicals are categorized as follow :

Flammable or explosive :

e.g. petroleum, plastic explosives

Irritating or corrosive to skin, lungs and eyes :

e.g. acids, alkali, paints, fumes

Toxic chemicals :

e.g. carbon monoxide, hydrogen sulfide, heavy metals

These are present in the air, in consumer products, at the workplace, in water,or in the soil. they can cause several diseases including mental, behavioral and neurological disorders, cataracts or asthma.

Humans can be exposed to harmful chemicals through a number of ways, from the food we eat, the water we drink, the air we breathe and our work environments.

Examples of hazardous chemicals include :

- Paints
- Drugs
- Cosmetics
- Cleaning chemicals
- Detergents
- Gas cylinders
- Refrigerant gases
- Pesticides
- Herbicides
- Diesel fuel
- Petrol
- Liquefied petroleum gas
- Welding fumes
- Flammable liquids

- Gases
- Chemically reactive or acutely (highly) toxic substances.

Exposure to chemicals can result in harmful health effects, such as :

- Headache
- Skin irritation
- Injury to nervous system
- Organ damage
- Cancer
- Weakening of the immune system
- Development of allergies or asthma
- Reproductive problems and birth defects
- Effect of the mental, intellectual or physical development

The Health risks of chemicals and pollutants depend on several factors, Including:

- The amount of chemical you have exposed
- The type of chemical
- When and how long you are exposed
- Your age and general state of health
- How you are exposed through air, products, food, water, or soil
- People that may be more sensitive to or mor harmed by exposures from chemicals are
- Children
- Seniors
- Pregnant women
- Indigenous peoples

Exposure of chemicals :

INHALING (breathing in) :

We exposed the chemicals when we inhale or breathe in. the chemicals we inhale can end up in our lungs and blood stream. sometimes, we can smell or taste harmful chemicals, but it is not always so easy. some chemicals like radon or carbon monoxide are tasteless and invisible.

ABSORPTION (skin and eye contact) :

We can be exposed to chemicals by coming into contact with them through our skin and eyes. These organs can be more sensitive to chemicals and may react more quickly than the rest of your body.

INGESTING (eating or drinking):

We exposed chemicals when we eat or drink. chemicals found in both our food and water sources. chemical waste products from industrial processes are sometimes discharged into rivers. example of such pollutants include zinc, lead, copper, cadmium, and mercury. this affects human health.

Deaths due to exposure to hazardous chemicals :

Deaths due to hazardous chemicals worldwide rose 29 per cent in 2019, compared to 1.56 million in 2016, according to the global health body. Between 4270 and 5400 people died every day due to unintentional exposure to chemicals.

What we can do to reduce illness and deaths due to hazardous chemicals :

There is a need for a comprehensive law in the countries to regulate chemical use, production and safety.

The user needs to wear protective clothing and personal protective equipment to protect themselves from hazardous chemicals.

Reducing or removing chemical exposure

Control of industrial emissions in many countries, through changing the way industries deal with dust and dusty environment and the use of protective measures by workers, all measures having had a positive effect on the health of workers.

The materials used in construction, the way cities are thought out in terms of transportation, the way water supplies are managed, can improve the health of the general population.

Transition from current energy sources to more healthy ones – whether fossil fuel, coal or biomass based which are environmentally unsustainable, have negative health consequences.

Reduce illnesses and deaths from Pollution

Pollution is the introduction of contaminants into the natural environment that cause adverse change. pollution can take the form of any substance (solid, liquid, or gas) or energy(such as radioactivity, heat, sound or light).

Industrialization, use of pesticides and nitrogen based fertilizers, crop residues in agriculture, urbanization, forest fires, desert dust and inadequate waste management have intensified environmental health risks and pollution.

Pollution of all types hinder development outcomes. air pollution, exposure to lead and other chemicals, and hazardous waste including exposure to improper e-waste disposal, cause debilitating and fatal illnesses, create harmful living conditions, and destroy ecosystem.

Pollution is the largest environment cause of disease and premature death. Pollution causes more than 9 million premature deaths, the majority of them due to air pollution. that’s several

times more deaths than from AIDS, tuberculosis, and malaria combined. as the leading environment risk to health, air pollution is particularly challenging. it is critical to address pollution because of its unacceptable toll on health and human capital, as well as associated GDP losses.

Types of pollution :

- Air pollution
- Water pollution
- Soil pollution
- Noise pollution

Air pollution :

Air pollution refers to the contamination of our air with harmful gases and particulates. globally 9 out of 10 people breathe polluted air but many people are unaware of the potential health and environmental impact of poor air quality. air pollution is caused when harmful gases and chemicals are released into the air. these pollutants include particulate matter, very small particles that get into out respiratory system, nitrogen oxide. the majority of these pollutants are emitted through human activities like burning fossil fuels, vehicle exhaust fumes and emissions from agriculture and industry.

Air pollution has a huge impact on our health, reducing quality of live and cutting lives short. In fact one in three deaths from strokes, lung cancer and chronic respiratory disease globally are caused by air pollution. air pollution can cause long term damage to people's kidneys, liver, brain, and other organs.

Water pollution :

Water pollution is the contamination of water sources by substances which make the water unusable for drinking, cooking, cleaning, swimming and other activities. pollutants include chemicals, trash, bacteria and parasites. all forms of pollution eventually make their way to water. air pollution settles onto lakes and oceans. land pollution can seep into an underground stream, then to a river, and finally to the ocean. thus waste dumped in a vacant lot can eventually pollute a water supply.

Water pollutants may cause disease or act as poisons. bacteria and parasites in poorly treated sewage may enter drinking water supplies and cause digestive problems such as cholera and diarrhea. hazardous chemicals, pesticides and herbicides from industries, farm, homes and golf courses can cause acute toxicity and immediate death, or chronic toxicity that can lead to neurological problems or cancers. many water pollutants enter our bodies when we use water for drinking and food preparation. the pollutants enter the digestive tract. From there, they can reach other organs in the body and cause various illnesses.

Soil pollution :

Soil pollution refers to the contamination of soil with anomalous concentration of toxic substances.

The root cause of soil pollution is often one of the following :

Agriculture (excessive/improper use of pesticides)

Excessive industrial activity

Poor management or inefficient disposal of waste

Causes of soil pollution :

Soil pollution can be broadly classified into two categories

Naturally caused soil pollution

Anthropogenic soil pollution (caused by human activity)

Natural pollution of soil

In some extremely rare processes,some pollutants are naturally accumulated in soil This can occur due to the differential deposition of soil by the atmosphere.Another manner in which this type of soil pollution can occur is via the transportation of soil pollutants with precipitation water.

Anthropogenic soil pollution

Almost all cases of soil pollution are anthropogenic in nature. a variety of human activities can lead to the contamination of soil. some such processes,

The demolition of old building can involve the contamination of nearby soil with asbestos.

Usage of lead-based paint during construction activities can also pollute the soil with hazardous concentrations of lead.

Underground mining activities can cause the contamination of land with heavy metals.

Noise pollution :

Noise pollution or sound pollution, is the propagation of noise or sound with ranging impacts on the activity of human or animal life, most of which are harmful to a degree. The source of outdoor noise worldwide is mainly caused by machines, transport, and propagation system.

Noise pollution affects both health and behavior. unwanted sound can damage physiological health. noise pollution is associated with several health conditions, including cardiovascular disorders, hypertension, high stress levels, tinnitus, hearing loss, sleep disturbances and other harmful and disturbing effects.

Death due to pollution in India :

Air pollution caused an estimated 1.6 million deaths in 2019 in India – highest in the world

According to report the overall pollution related deaths were also the highest in India 2.4 million.

What we can do to reduce illness and deaths due to pollution:

Pollution can be reduced through processes such as recycling and the proper treatment of water and toxic waste. the reduction of corporate fossil fuel extraction is another way to counter air pollution.

Avoid pouring chemicals down the drain

Do not pollute outdoor water sources

Many homes have lead pipes or lead around connection on the pipes which carry water to their homes. Since this lead may enter your drinking water and cause medical problems. you might want to have the water tested. if lead is present, installing a filter may solve the problem.

Avoid busy roads and high traffic areas.

Avoid very noisy leisure activities, opt for alternatives means of transport such as bicycles or electric vehicles over taking car.

Policies and investments supporting cleaner transport, energy efficient homes, power generation, industry and better municipal waste management would reduce key sources of outdoor air pollution.

Use of pesticides should be minimized for reducing soil pollution.

CONCLUSION

Hazardous chemicals are substances that can cause adverse health effects such poisoning, breathing problems, skin rashes, allergic reaction, cancer, and other health problems from exposure. Deaths due to hazardous chemicals worldwide rose 29 per cent in 2019, compared to 1.56 million in 2016, according to the global health body. Between 4270 and 5400 people died every day due to unintentional exposure to chemicals.There is a need for a comprehensive law in the countries to regulate chemical use, production and safety.

Pollution is the introduction of contaminants into the natural environment that cause adverse change. Pollution is the largest environment cause of disease and premature death. Pollution causes more than 9 million premature deaths. Pollution can be reduced through processes such as recycling and the proper treatment of water and toxic waste. the reduction of corporate fossil fuel extraction is another way to counter air pollution.

REFERENCES

1. www.greenfact.org
2. www.dristiias.com
3. www.worldbank.org
4. www.clientearth.org
5. hsph.harvard.edu
6. www.byjus.com
7. en.m.wikipedia.org
8. www.clientearth.org

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CONCEPT PAPER ON MENTAL HEALTH THE CARDINAL WEALTH: MENTAL HEALTH OF LGBTQ COMMUNITIES IN INDIA

1* Ms Mahima Thakkar

Student of Masters of Human Resource Management

2* Mr. Vimal Makwana

Assistant professor,

Parul Institute of Social Work,

Parul University, Vadodara, Gujarat

ABSTRACT

"Mental Health Aspects" were described as variables applicable to understanding individuals' cognitions, feelings, and behavior. This concept review tried to explore five questions: what's the nature of existing research on mental health of LGBTQIA+ individuals, what are the pathways that make a contribution to mental health issues, whether or not the existing health facilities mitigate or facilitate those pathways, what are the interventions proposed for this group, and what are the gaps in research that may be addressed inside the next decade.

CONCEPTUAL FRAMEWORK

INTRODUCTION TO LGBTQ COMMUNITY

The term LGBTQ stands for Lesbian, gay, Bisexual, Transgender and Queer. everyone has a sexual orientation and identification. Sexual orientation decides whom we are attracted to and gender identification decides how feel as male or woman or unique. It need not be always aligned to biological sex. people with unique sexual orientations or gender identity from most people of people are classified as LGBTQ.

To be unique and assert one's own identification, needs greater courage. The LGBTQ community members have had this struggle for the duration of their lives. any such struggle should place them below enormous stress. The prolonged combat to thrive underneath the social stigma can be quite tiring.

MENTAL HEALTH AND LGBTQ COMMUNITY

Researches all over the world have proved LGBTQ community individuals face more mental health problems than heterosexuals. The stigma, prejudice and discrimination they face for being specific drive them to these mental health problems, the researchers say.

During the 1960s and early 1970s, homosexuality became classified as a mental sickness. Homosexuality as a mental disorder become struck down from the second edition of the Diagnostic and Statistical guide of mental issues by the american Psychiatric association in 1973.

It took nearly two more decades for world health organization to understand homosexuality as normal. but, the disposition of society towards the community members persists.

Studies carried out at the community show that LGBTQ community individuals suffer mental issues like substance use disorders, affective disorders and suicidal thoughts. A 2016 study completed by using the center for disease control and Prevention indicates that the community individuals consider suicide almost 3 times more when as compared to heterosexual community individuals.

The community members especially suffer something called 'minority stress'. it's far a condition of living in opposed environments as minorities. They go through bullying at colleges or academic establishments. Sexual assault is something very common they come across.

A number of the common mental health issues the community suffers from are depression and anxiety. The LGBTQ youngsters are probable to suffer 1.seventy five times more anxiety and depression. The transgender community is even more vulnerable as they suffer 2.4 times higher tension and depression, the TREVOR project survey revealed.

Mainstream society still frowns upon same-sex marriages. The group of circle of relatives or intimacy the heterosexual community takes for granted is something of a luxury to them. Lack of love, reputation and approval put them at the risk of an identity crisis, feelings of rejection and hopelessness.

A lot of catching up is required in India towards mental health issues. the distance is even farther for the LGBTQ when it comes to mental health in the country.

Despite all the hostilities, the community members thrive and are resilient. All they need is some recognition and love from their families, near and dear ones. Humanity is more important than sexual orientation or the complications surrounding them.

In spite of the high prevalence rates, not a single MSM individual with mental health issues was reported to be engaging in any current treatment. Some transgender individuals reported that they avoid free government health care services and prefer self-medication or private health care.50 Sexual minority women reported that they typically avoid mental health services because of the stigma of mental illness, fear of negative medical interventions, and previous unfavourable experiences of these services.35 As reported in some reviews, the extent of marginalization, inadequate knowledge and sensitivity of health care professionals toward LGBTQIA+ individuals, active discrimination, and perpetuation of violence by them may be the contributing health care barriers.

Even when not driven to suicidal extremes, given the socio-cultural factors facing the LGBT population in India, the community does face many key mental health issues:

- Fear and anxiety related issues, about their own identity, being 'outed,' relationships, acceptance, safety, etc.
- Mood related issues, including depression
- Lower sense of self, affecting self-esteem, self-confidence, and impacting performance, achievement and life satisfaction
- Lack of access to quality help, resources and support that may lead to greater unsafe behavior.

The key factor to remember is that higher incidence of mental health issues in the LGBT+ community is not a result of their gender or sexuality. There is certainly no mental health issue caused because of one's gender or sexuality. The mental health issues are there because of a world that continues to deny these differences, vilifies these differences and makes it really hard.

Recently, the need was felt to reflect momentarily on the state of mental health of LGBTQIA++ communities in India.

STATE OF MENTAL HEALTH OF LGBTQIA++ COMMUNITIES IN INDIA

- Despite the reading down of Section 377, the National Legal Services Authority (NALSA) judgement as also successive progressive movements, India's class, caste and regionally diverse LGBTQIA++ communities remain at risk of life-long **mental illnesses and challenges**.
    - This can take the form of **severe mental illness or transient** and long **standing dysfunctional harmful behaviours.**
- In India and elsewhere, from an early age, everyone is pressured, openly or structurally, into **accepting gender roles and sexual identities.**
    - Those who do not comply are bullied, abused, and assaulted under the pretence of correcting them.
- **Causes :**
    - This is caused by life-long **dissonance, deep-rooted stigma,** dis**crimination and often abuse, that the community experiences.**
- **Impacts :**
    - It often leads to **extreme distress and poor self-worth**, resulting in self-hate and suffering.
    - It can result in **internalised homophobia**, often leading to anxiety, loneliness and substance use.
    - LGBTQIA++ youth are likely to suffer **1.75 times more anxiety and depression** than the rest of society while the transgender community is even more vulnerable as its members **suffer 2.4 times higher anxiety and depression.**

OTHER ISSUES FACED BY THEM

- **Inadequate health services**
  - When help is sought even by the **most empowered, queer affirmative mental health services are hardly available.**
  - A large majority of the psychiatrists in India still consider diverse sexual orientations and gender identities as a **disorder and practice 'correctional therapy'.**
    - This is also true of general health care as well.
    - In an ongoing study, the Raahat Project found that a large number of **trans and gay men preferred to pay** and seek help in the **private sector** rather than **access government health care** due to harassment and stigma.
- They face discrimination in **employment, educational institute**s, and within families which severely **affects their overall wellbeing**.

EFFORTS MADE IN INDIA

- **Judgement of the NALSA Case**
  - The ruling in **National Legal Services Authority (NLSA) v. Union Of India**, famously known as the NALSA Case, has far-reaching implications.
  - The Court directed Centre and State Governments to grant legal **recognition of gender identity whether it be male, female or third-gender.**
    - Further, it declared that hijras and eunuchs can legally identify as "**third gender"**.
  - Centre and State Governments have been directed to take proper measures to provide **medical care** to transgenders in hospitals and **provide them with separate public toilets and other facilities**.
  - Recognising third gender persons as a "s**ocially and educationally backward class of citizens"**, entitled to reservations in educational institutions and public employment.
- **Transgender Persons (Protection of Rights) Act, 2019:**
  - The law passed by the Parliament aims to end discrimination against transgender persons in accessing education, employment and healthcare and recognise the right to self-perceived gender identity.
- **Transgender Persons (Protection of Rights) Rules, 2020:**
  - It has been framed by the government to give effect to the provisions of the Transgender Persons (Protection of Rights) Act, 2019.
- **National Council for Transgender Persons:**
  - In pursuance of the Transgender Persons (Protection of Rights) Act, 2019, the National Council for Transgender Persons has been constituted to advise the Central Government on the formulation and evaluation of policies, programmes,

legislation and projects for the welfare of the transgender community.

- **Reservation for the transgender community:**
  - The Union government is planning to bring reservations for the community under the OBC category in employment.
- **National Portal for Transgender Persons:**
  - It is a portal by the Ministry of Social Justice and Empowerment which assists persons of the transgender community in applying for a Certificate and Identity card digitally from anywhere in the country.
  - Through the Portal, they can monitor the status of their application which ensures transparency in the process.
- **Garima Greh:**
  - The scheme aims to provide shelter to **Transgender person**s, with basic amenities like shelter, food, medical care and recreational facilities.
  - Besides, it will provide support for the capacity-building/skill development of persons in the Community, which will enable them to lead a life of dignity and respect.

ROLE OF SOCIAL WORKER

1. Educate yourself to increase your understanding.
2. Learn more about the LGBTQ+ community and their struggles
3. Learn more about the human rights laws and how they pertain to the LGBT population
4. Be supportive and encouraging to your family members, friends and peers
5. Speak up if you witness (or are the victim of) discrimination
6. Seek professional help
7. Share your experiences with others
8. Importance of therapy
9. Affirmative counselling and community building

CONCLUSION

Prevalence studies reveal that LGBTQIA+ individuals were found to show high rates of mental health concerns, and that the adapted minority stress model may be a crucial pathway for the same. Lived experiences, factors related to mental well-being, and societal attitudes have also been studied. Intervention studies are relatively fewer, and certain subgroups of LGBTQIA+ identities are less represented in research. Gaps in research were identified and recommendations for research in the coming decade were proposed.

REFERENCES

1. https://www.google.com/url?q=http://journals.sagepub.com/doi/full/10.1177/2631831820918129&usg=AOvVaw2Z-6ZPWfoS04D-Pulvk9DK
2. https://www.google.com/url?q=http://timesofindia.indiatimes.com/et_rhs_articles.cms&usg=AOvVaw0nxmu5LR4Ka7tC0e5wT6ku
3. https://www.google.com/url?q=https://indianexpress.com/article/lifestyle/life-style/pride-month-mental-emotional-trauma-lgbtqi-members-coming-out-mental-health-bullying-inclusivity-7975988/&usg=AOvVaw2Ae4MhCbq37quguFIzM0yq
4. https://www.google.com/url?q=https://www.whiteswanfoundation.org/gender/lgbtqia/coming-out-vs-fitting-in-mental-health-and-the-lgbt-person-in-india&usg=AOvVaw0jh-h49a4iDZtf0MR4ikhgV

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HUMAN RESOURCE MANAGEMENT IN HEALTHCARE

Vasava Rohankumar J

Sudent of MSW-HRM, Sem-2

E-Mail: rv867376@gmail.com

Contact No.:- 7874466527

Enrollment No.:- 2210262020040

ABSTRACT

Contemporary healthcare systems face several challenges. The main management challenges include shortage and low satisfaction of health professionals. Satisfaction and motivation of medical staff is crucial for their stabilization and quality work-medical performance. The positive impact of HRM practices on increasing employee satisfaction and engagement is scientifically proven. Currently, HRM practices in healthcare are used in a limited way, often only at the level of HR or labour law and union bargaining. This is indicative of the low level of HR development. It is desirable to make full use of HRM practices in healthcare. The aim is to identify and define the challenges of human resource management in healthcare and explain the importance of implementing developed HRM practices to improve the quality of health care delivery. The investigation of the relationship between quality human resource management and healthcare delivery is considered important because the knowledge and competency to manage people are not necessary to hold a management position in most healthcare professions. In the world's best hospitals, we find developed HRM with a positive impact on employee satisfaction and medical indicators.

KEYWORDS

Health care, Health System, HRM practice, Development

INTRODUCTION

Healthcare as a system is a major social, economic and political issue worldwide. According to Ozorovský and Vojtek, in many countries there is a drive to reform the health care system because for various reasons there is dissatisfaction with the level or manner of care provided. As a result of the COVID pandemic, the need for health reforms continues to grow.

Several authors agree that EU health systems are increasingly interacting and have faced increasing common challenges over the last decade. The sector suffers from a shortage and unequal distribution of health workers. The ageing population, coupled with the rise of chronic and age-related diseases, is leading to an increasing demand for healthcare. Health systems are facing rising healthcare costs due to the continuous development of technology and increasing demands on competences. As a result of technological and medical advances, the structure of procedures is also changing, highly specialised activities are being centralised, and demands for safety, quality and efficiency have increased, even for less specialised interventions. Further, there inequalities in preventive healthcare and access to healthcare.

The aforementioned realities are particularly challenges for the management of health care facilities. It is necessary to seek strategies for performance management and medical staff development in line with technological and demographic trends in society. We consider it important to pay attention to human resource management tools and policies for managing people in healthcare. The application of modern human resource management tools in healthcare is one of the key responses to the challenges of healthcare.

LITERATURE REVIEW

The development of human resource management follows the development of the economy and the advent of innovation during all 4 industrial revolutions. The first HR managers and the first HR departments appeared in manufacturing companies at the turn of the 19th and 20th centuries and their work was initially limited to administration. accounting and resource planning. For the purpose of knowing the level of quality of human resource management in healthcare, we consider it necessary to describe the developmental stages and to recognize the development of personnel management. The development of human resource management can be briefly described by 4 basic developmental stages.

The basic level of human resource management (HRM) is the personnel department, which provides personnel administration, payroll accounting and basic labor law. In the second tier, there is a specialization of HRM into selection, training, organizational design management, and compensation. The HR function includes HR service centres that provide services to employees and HR business partners that support managers at a strategic level. The third level is a superstructure in which HRM provides integrated talent management. New roles are succession planning, talent management, leadership support, and the development of a coaching culture. The most advanced departments of HRM are fully integrated with the business, are digitized and can predict future developments and deliver value through big data analytics. They are constantly expanding their knowledge and their impact. They are not focused on what they do, but on what they deliver. The impact of HRM activities on the performance of the organization is measured and evaluated. The impact of the 4.0 era on HRM through changes in the values, roles, architecture and content of HRM is described by Blstakova’s model [8]. which, through conceptual issues of HRM. can form the basis for setting a developed HRM strategy and subsequent sub- strategies.

List specific practices of developed HRM that previous research suggests are most important to use - sophisticated management appraisal systems, staff safety, and the level of investment in people (as expressed by effective human resource management and, in particular, investment in training and development). Similarly, Townsend et al. state that, an HRM system must use advanced techniques (such as miracle question) to understand employee problems and solve them. West points out that it is not enough to use advanced HRM techniques in isolation, but it must be a group of interrelated high- performance HRM practices. Townsend et al. state that the growing importance of HRM is a signal to employees that employees also have a strong position in the company. The development of HRM strategies and tools is not homogeneous. The development of HRM is often positively influenced by the competitive environment, the form of ownership of the organization and its size. HRM develops fastest in highly competitive environments with high demand for quality labour (e.g., IT services, telecommunications sector). In sectors such as primary agricultural production, human resource management is sufficient to cover basic staffing activities in the long term. The positive relationship between a well-developed HRM system and transformational leadership of managers in the healthcare sector, which in turn has a positive impact on employee satisfaction and loyalty, has been described in studies by several authors.

METHODOLOGY

To identify and define the challenges of human resource management in healthcare and to explain the importance of implementing well-developed human resource management practices to improve the quality of healthcare delivery. The article is the result of analysis of published studies, analogy and comparison of relevant findings. The result is a synthesis and enrichment of the current knowledge about human resource management in healthcare. The article presents the author's personal experience with human resource management practices and procedures from the position of an HR leader of a new generation hospital. The research findings and empirical knowledge about the practical human resource management in the context of inpatient healthcare.

RESEARCH RESULTS AND DISCUSSION

Based on an examination of the findings of published studies, find a demonstrated link between the sophistication of human resource management systems and medical performance. The subject of the research published in the article was the current challenges for human resource management in healthcare in the Slovak Republic and the readiness of medical personnel with managerial competence to manage people. Examples of good practice of developed human resource management from world hospitals were part of the research.

The challenges of human resource management in healthcare

As a consequence of staff shortages, the problem of overtime work of doctors and nurses is growing. More than half of hospital directors consider this to be a problem for physicians, and

as many as two-thirds of directors consider it to be a problem for nurses. Staff shortages also have a negative impact on the training of young doctors in clinics.

In a state where there is a shortage of staff in the wards, doctors do not have time for med students. Teaching others is seen, as a burden and does not support the transition to a learning organization in the future. Another management challenge in the health sector is relatively low competitiveness of remuneration, which results in health workers going abroad (doctors and nurses) or to other sectors where they receive higher pay for equally demanding work (especially nurses).

The historically stable healthcare environment has changed significantly over the last two decades, with an outflow of workers abroad and a decline in interest in the healthcare profession in general. Unaware of the seriousness of the situation, the HRM units have reacted to the changes in the environment mainly in a transactional manner. For example, they compensated for staff shortages by increasing financial compensation and benefits, often at the expense of deepening the organization's losses. From author's own empirical experience, we conclude that transformational tools of higher levels of HRM, such as defining the mployer value proposition (EVP) for the employee, talent management, and the development of leadership skills of managers, can be observed only in their infancy so far.

At present, modern HRM tools are used in the healthcare sector in a limited way - often only at the level of wages and personnel administration, labour law and union bargaining. This indicates a low level of HR development.

The main role of the HR department in hospitals is usually recruitment, provision of mandatory statutory training and payroll. It is often part of the finance or legal department. This empirical evidence shows that in most hospitals. the HRM department is at the first or second development level.

Advanced human resource management in hospitals - examples of good practice

HRM in the healthcare segment of the economy is not usually among the best the world of HR has to offer. According to Lüthy, there is still a negative attitude among hospitals towards trying to be an attractive employer. Hospital management often believes that working in a hospital is fundamentally very difficult and there is not much that can be done about it. However, according to Lüthy this is not the right approach and suggests measures to improve the situation: professional leadership, motivation and rewarding of co- workers, further education and career planning, optimization of processes and avoiding bureaucratization, flexible working arrangements, work-family balance, and the formulation of codes of ethics to deal with internal and external stakeholders. For example. a study from Germany concludes that a hospital is not an attractive workplace, but can become one if it improves in particular personal development opportunities and the work

life balance. Below we give examples of good practice, of some hospitals that are successful in ensuring the above and their HRM departments are in the third to fourth developmental level of human resource management.

The largest private hospital network in Germany is Helios. Employing over 66,000 employees in 86 clinics throughout Germany and treating over 5.2 million patients annually, it addresses the topic of human resource management and productivity long term and professionally. According to Bornewasser et al. Helios managers point to several areas that enable high employee motivation and the associated continuous improvement of the productivity of their clinics. High labour productivity brings the network long-term growing revenues, which are further invested in increasing healthcare delivery. The main employer levers at Helios include education, career opportunities, work-family balance and healthcare.

An example of a high level of HRM is the British NHS (National Health Service). The NHS is the largest public healthcare provider in the UK and the second largest public healthcare provider in the world (after Brazil). The NHS presents its human resource management to a high standard. It has elaborated in detail the different HR specialties (selection, training, remuneration,...) and presents them openly externally through its web portals. It makes significant use of elements of the third and fourth development levels of HR. A clear HR strategy is publicly communicated and accessible to all employees on the intranet and to job applicants and the public on the external web. For example, the employer's employee value proposition description of what it is like to work for the organization is communicated through the "People Promise" video. In it, individual employees talk about their experience in the NHS, communicating the culture of the organisation and how they work within it. The NHS actively responds to societal challenges and encourages new ways of working (flexible working for all roles, working remotely via technology e.g., through video consultations with a doctor), new innovative roles (e.g.. involving scientists in the treatment process), acquiring new skills (generalist skills from other areas) and learning through technology (a significant part of learning available 24/7 online). In the area of management and leadership, organization emphases the need for inclusive situational leadership, taking into account the diversity of the workforce and creating space for employee empowerment. It relies heavily on data collection, data analysis and modelling of future scenarios [30].

CONCLUSION

Based on current knowledge about human resource management in the healthcare, we find a proven relationship between developed human resource management and healthcare quality. Research findings highlight the need for a focused improving the functioning of relevant HRM systems in healthcare as one of the factors for improving patient care. The quality of healthcare and the level of medical performance in Slovakia have long been undermined by a shortage of healthcare personnel and the poor readiness of health care managers to manage people.

Research findings suggest that the key challenge of human resource management systems in healthcare in the Slovak Republic is attraction and retention. The way to build theattractiveness of the health profession and eliminate the departure of Slovak health professionals abroad is quality human resource management in its mature stage of development. Furthermore, defining and communicating the value of the employee experience of working in healthcare is important. According to Jankelova, it is leaders who play a key role in creating the organizational

conditions in which a developed HRM system can be implemented. Here we see the role of management education of healthcare employees, which does not remain only at the level of the University curriculum, but continues further on the job. We see the quality of human resource management in hospitals as the foundation of quality healthcare.

REFERENCES

1. https://www.researchgate.net/publication/344308140_HRM_Issues_and_Challenges_in_Health_Care_Units_in_India
2. https://study.com/academy/lesson/human-resources-management-for-hospitality.html
3. https://omnihospitals.in/importance-of-human-resources-in-healthcare-industry/
4. https://human-resources-health.biomedcentral.com/articles/10.1186/1478-4491-4-20

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"FAST FOOD ADDICTION: A MAJOR PUBLIC HEALTH ISSUE"

Ms. Hetvi Shah

Student, Parul Institute of Social Work

Mrs. Nita Vaghela

Assistant Professor, Faculty of Social Work

Parul University, Vadodara, Gujarat (India)

Contact No.:- + 91 7698878017

E-Mail:- 211026202034@ paruluniversity.ac.in

nita.vaghela80004@paruluniversity.ac.in

ABSTRACT

Fast food and junk food are created to be enticing, cozy, and practical. Sadly, although though these foods are high in calories, they frequently contain much less fiber, water, and minerals than organic foods. Additionally, packaged foods and snacks are made expressly to satisfy our taste receptors with just the right amount of texture and flavor per bite but not filling us up. It is clear that fast food tempts us and feels wonderful to eat in a variety of settings. The United States, which today has the largest fast-food sector in the world, is where fast food initially gained popularity in the 1970s. Fast food restaurants are common places for teenagers and young adults to consume their meals eaten outside the home since taste, time constraints, convenience, and affordability are important variables that influence their eating choices. According to current thinking, fast food establishments should be forced to provide more information on nutrition facts like energy and fat content on their menu boards and product packaging. To assist the consumer in selecting healthier foods at the time of purchase, this is crucial. To sustain health throughout one's lifespan, one needs to eat a sufficient, healthy, and balanced diet. Reduce your intake of fast food to follow this healthy diet.

KEYWORDS

Morbidity and overweight; Obesity among children; Junk food; Stroke and heart diseases; Food induced neuro-degeneration; Carbonated beverages; Red meat over-consumption; Food effects in fertility and sex drive; Artificial sweeteners and condensed milk

INTRODUCTION

The origin of the food items (Thai, Chinese, Continental), the restaurant's mission, the chef's cooking philosophy, a brief explanation of food processing, special combo deals, and their price are all provided on menus, which are lists of prepared foods. Fast food consumers are attracted to their favorite restaurants by the colorful menus and flyers because of the delicious yumminess and extreme quickness of the cuisine. A rising tendency in increased junk food intake has been related to factors such as high income, rapid urbanization, free home deliveries, attractive commercials, and international cuisines. As is customary, monetary cost calculations are given higher priority than actual hidden health costs. Because to the high calorie and fat content, which could lead to obesity and other health problems, the increased popularity of fast food among teenagers and young adults is concerning. It could lead to obesity and eventually chronic problems associated with obesity. Many seek these foods because of the additional fat, sugar, and salt, which many refer to as an addiction-like feeling. An estimated 70% of people worldwide are becoming more likely to eat junk food.

Obesity

The majority of fast food is high in sugar, fat, and carbohydrates, but low in minerals and vitamins. This indicates that people are consuming a lot of bad calories in the form of fast food, which causes weight gain and, eventually, obesity. Many items, including sweets and sugar, traditional rich food dishes, pastries, fast food, oils, milk, cereals, cakes, and sauces, were found to be unhealthful in a Brazilian study.

Diabetes

Several varieties of fast food, processed foods, and prepared snack items are considered junk food. Fast food is frequently heavily processed, which may be harmful to one's health. A major risk factor for poorer diet quality, higher calorie and fat intake, and lower micronutrient density of diet is the use of fast food and eating outside the home.

Stroke

Stroke According to Spence, 2019, adopting a healthy lifestyle cuts the risk of stroke by 80%. Moreover, there is a 40% increase in stroke mortality for every kg/m2 rise in BMI between 25 and 50 kg/m2. Fast food consumption was linked to a higher BMI Z score. According to the same study, during a fifteen-year follow-up of American teenagers and young adults, frequent fast-food consumption—2 times per week as opposed to 1 time per week—was associated with a 4.5 kg weight gain. According to Fuhrman (2018), eating unhealthier processed and quick foods increases the chance of an infantile stroke by a factor of seven.

Heart Conditions

According to Zhao et al. 2017, fast food consumption, obesity, and hypertension are common among youngsters in China's main cities. 16–20% of Chinese children have high blood pressure. Another study conducted in Sikkim, India, provides further information on the relationship between elevated BMI and hypertension in kids who eat fast food. Another Iranian

study of youngsters discovered a substantial relationship between fast food consumption, blood pressure, and anthropometric measurements. The relationship between consumption of the modern dietary pattern and hypertension is significantly influenced by body size. According to Alsabieh et al. 2019, elevated systolic blood pressure is significantly linked with rising Obesity.

Headache/precipitation of migraine

One of the most often utilized food additives in processed foods is monosodium glutamate. It has been associated to neurotoxic effects, negative effects on the reproductive organs, metabolic abnormalities, thyroid diseases, Chinese Restaurant Syndrome (headache, skin flushing, and sweating), and obesity [35–39]. Those with migraine should rigorously avoid it since it might cause tenderness of the peri-cranial muscles, which is the most noticeable clinical finding in tension-type headaches. Due to Iranians' interest in traditional meals and lack of propensity to eat fast food, there may not be a causal link between eating processed meat products and canned foods and migraine headaches. Within eight hours, the discontinuation of daily caffeine usage might result in headaches and other symptoms.

Cancers and Auto-Immune Disorders

In establishments that advertise themselves as "Gluten-Free," more than 50% of the pizza and pasta samples included gluten, a notorious protein linked to auto-immune diseases. According to a recent study published in PLOS Medicine, eating unhealthily increases the risk of getting cancer. Junk food consumers had a greater chance of developing stomach, colorectal, and, surprise, lung malignancies. Separately, women had an increased chance of postmenopausal breast cancer and liver cancer while men had a higher risk of lung cancer.

Reproductive health

According to Dr. Michael Hirt, founder of the Center for Integrative Medicine in California, excessive consumption of cheese, yoghurt, and modified grains (bread, pasta, crackers, cereals) may endanger testosterone, a male sex hormone that is important for fertility and sex drive. A higher incidence of erectile dysfunction is also linked to diets high in red meat, full-fat dairy products, sugary meals and beverages, and low in whole grains, legumes, vegetables, and fruits. According to an article from the Federation of Obstetricians and Gynecological Societies of India, the growing prevalence of polycystic ovarian syndrome in adolescent girls is a problem for gynecologists who treat patients. Market-available ice creams or raita salads served in hotels and restaurants are reservoirs for E. coli bacteria, which can occasionally cause diarrhea, stomach cramps, fever, vomiting, and simple urinary infections. The supposedly condensed milk that is added as an artificial sweetener is really just overcooked palm oil that accumulates in the deep tissues, causes metabolic abnormalities, and is poorly eliminated.

CONCLUSIONS & RECOMMENDATION

Deploying social media tools for marketing, the majority of which promote unhealthy foods. Due to their developmental vulnerabilities and the impact of their peer groups, teenagers are

actively targeted by food marketing messages (mainly for unhealthy meals) and are therefore receptive to these messages. Consuming fast food is linked to a lower-quality diet. On average, in high income countries, better meals cost nearly twice as much per serving as unhealthy ones. More than 40% of Americans' food budgets go to fast food and restaurants. Bangladesh experiences the opposite situation. People frequently pay restaurant bills in the capital city that are more than 500% more expensive than the cost of typical meals. Once again, typical fast-food items like Sing ara, Samucha, Puri, Piaju, Lachcha Shemai, and Paratha are typically deep fried. Fast food and bakery items that are packaged and sold commercially frequently do not list their fat content. Several bodybuilding blogs promote the occasional use of fast food (often known as "cheat foods") since it activates many enzymes that had previously been inactive. Yet, the Non-Communicable Disease Risk Factor Study 2013 indicated that more than 90% of persons in Bangladesh consumed insufficient amounts of fruit and/or vegetables. In educational institutions, there should be constant lobbying on the harmful impacts of fast-food intake. Yet, alas! Youth and children from the adjacent stores of educational institutions or the canteens maintained by the institutions themselves consume the majority of fast foods.

REFERENCES

1. Mandoura N, Al-Raddadi R, Abdulrashid O, Usman Shah HB, Kassar SM, et al. (2017) Factors Associated with Consuming Junk Food among Saudi Adults in Jeddah City Cureus 9: 2008.
2. Santos NH, Fiaccone RL, Barreto ML, Silva LA, Silva Rde C (2014) Association between eating patterns and body mass index in a sample of children and adolescents in North-eastern Brazil. Cad Saude Publica. 30: 2235-2245.
3. Lee KW, Song WO, Cho MS (2016) Dietary quality differs by consumption of meals prepared at home vs. outside in Korean adults. Nutr Res Pract 10: 294-304.
4. Bahadoran Z, Mirmiran P, Azizi F (2016) Fast Food Pattern and Cardiometabolic Disorders: A Review of Current Studies. Health Promote Prospect 5: 231-240.
5. Fuhrman J (2018) The Hidden Dangers of Fast and Processed Food. Am J Lifestyle Med 12: 375-381.
6. Spence JD (2019) Nutrition and Risk of Stroke. Nutrients 11: 647
7. Zhao Y, Wang L, Xue H, Wang H, Wang Y (2017) Fast food consumption and its associations with obesity and hypertension among children: results from the baseline data of the Childhood Obesity Study in China Mega-cities. BMC Public Health 17: 933.
8. Kar S, Khandelwal B (2015) Fast foods and physical inactivity are risk factors for obesity and hypertension among adolescent school children in east district of Sikkim, India. J Nat Sci Biol Med 6: 356-359.
9. Payab M, Kelishadi R, Qorbani M, Motlagh ME, Ranjbar SH (2015) Association of junk food consumption with high blood pressure and obesity in Iranian children and adolescents: the CASPIAN-IV Study. J Pediatr (Rio J) 91: 196-205.

10. Alsabieh M, Alqahtani M, Altamimi A, Albasha A, Alsulaiman Aa, et al. (2019) Fast food consumption and its associations with heart rate, blood pressure, cognitive function and quality of life. Pilot study. Heliyon 5: 01566.
11. Nazari F, Eghbali M (2012) Migraine and its relationship with dietary habits in women. Iran J Nurs Midwifery Res 17: 65-71.
12. Weber JG, Ereth MH, Danielson DR (1993) Perioperative ingestion of caffeine and postoperative headache. Mayo Clin Proc 68: 842-845.
13. Lee MJ, Choi HA, Choi H, Chung CS (2016) Caffeine discontinuation improves acute migraine treatment: a prospective clinic-based study. J Headache Pain 17: 71.
14. Gordon L (2018) Foods that are killing your sex drive. FOX NEWS.
15. Yafi FA, Jenkins L, Albersen M, Corona G, Isidori AM, et al. (2016) Erectile dysfunction. Nat Rev Dis Primers 2: 16003.
16. Rathod AD, Chavan RP, Pajai SP, Bhagat V, Thool P (2016) Gynecological problems of adolescent girls attending outpatient department at tertiary care center with evaluation of cases of puberty menorrhagia requiring hospitalization. J ObstetGynaecol India 66(Suppl 1): 400-406.
17. Hebbelstrup Jensen B, Olsen KE, Struve C, Krogfelt KA, Petersen AM (2014) Epidemiology and clinical manifestations of enteroaggregative Escherichia coli. Clin Microbiol Rev 27: 614-630.
18. Potvin Kent M, Pauzé E, Roy EA, de Billy N, Czoli C (2019) Children and adolescents' exposure to food and beverage marketing in social media apps. Pediatr Obes 14: e12508.
19. Truman E, Elliott C (2019) Identifying food marketing to teenagers: a scoping review. Int J BehavNutr Phys Act 16: 67.
20. Barnes TL, French SA, Mitchell NR, Wolfson J (2016) Fast-food consumption, diet quality and body weight: cross-sectional and prospective associations in a community sample of working adults. Public Health Nutr 19: 885-892.
21. Kern DM, Auchincloss AH, Stehr MF, Roux AVD, Moore LV, et al. (2017) Neighborhood Prices of Healthier and Unhealthier Foods and Associations with Diet Quality: Evidence from the Multi-Ethnic Study of Atherosclerosis. Int J Environ Res Public Health 14: 1394.
22. Islam AK, Majumder AA (2013) coronary artery disease in Bangladesh: a review. Indian Heart J 65: 424-435.
23. Zaman MM, Bhuiyan MR, Karim MN, Moniruz Zaman, Rahman MM, et al. (2015) Clustering of non-communicable diseases risk factors in Bangladeshi adults: An analysis of STEPS survey 2013. BMC Public Health 15: 659.

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"REASONS AND SOLUTIONS FOR THE ROAD TRAFFIC ACCIDENTS IN INDIA"

Mr. Rupesh H Khanvilkar

Student, Parul Institute of Social Work

Mrs. Nita Vaghela

Assistant Professor, Faculty of Social Work

Parul University, Vadodara, Gujarat

Contact No.:- + 91 8511508355

Email:- 211026202013@ paruluniversity.ac.in

nita.vaghela80004@paruluniversity.ac.in

ABSTRACT

In 2015, more than 140,000 people died on Indian roadways. The total number of fatalities marks an increase of 4.6% over the prior year, according to government statistics. In 2015, individuals aged 15 to 34 made up more than half of the fatalities in over 500,000 traffic accidents. Traffic accidents result in fatalities or serious injuries. This research uses facts from the literature to create a review article that discusses causes and remedies for road traffic accidents in India.

KEYWORDS

Road Traffic Accidents; Traffic Signals; Cross Roads.

INTRODUCTION

Given its importance and extent, as well as the resulting detrimental effects on the economy, public health, and the general welfare of the populace, road safety is a national priority. Currently, road traffic accidents are one of the primary causes of fatalities, disabling conditions, and hospitalisations, along with significant socioeconomic expenses. Road traffic safety refers to the precautions that must be taken to keep other road users alive and healthy. Typical road users include motorists, passengers, bikers, pedestrians, and others. The goal of the road safety system is to prevent fatalities and other catastrophic injuries from occurring in the case of a crash. Road accidents are especially upsetting because the victims were in excellent health

before to the collision. According to the WHO (World Health Organization), more than a million people die on the roads every year, and injuries from traffic accidents are the main reason for death for young people between the ages of 15 and 29. In India, the number of road accidents, the number of fatalities, and the number of people injured in road accidents all decreased by 2.9% between 2012 and 2013, which is the first time in two years. In 2013, there were 44,020 road accidents in India, placing Karnataka as the fourth most at-fault state.

REASONS FOR ROAD ACCIDENTS IN INDIA

A traffic accident may result in a number of negative outcomes, such as fatalities, severe injuries, lost wages, etc.

Caused by the Government and the Traffic Police force.

- **Road defects: Speed Breakers**

An important issue in India is the poor reputation of its highways for well-built roadways. One of the biggest causes of traffic fatalities and accidents in India is speed limit enforcement. These speed bumps in the road are intentionally avoided by drivers, however this leads to accidents. More often than automobile drivers, motorcycle riders experience problems as a result of inappropriate bumps. The speed limiters are frequently built in inappropriate locations and without proper science.

- **Road defects: Potholes**

Unfortunately, Indian highways are infamous for their potholes. Road wear and tear causes potholes, which are bowl-shaped depressions that are further widened by rainwater. Drivers put their lives at danger as they attempt to avoid these potholes. When drivers hit potholes, they not only put stress on their backs and general health, but they also wreak havoc on the suspension of their cars and frequently result in traffic accidents.

- **Road digging**

In India, digging is typically done for water or telephone pipe installation or repair. After being dug up, these roadways won't be adequately sealed off, leaving cracks in the pavement. Roadblocks, traffic delays, and accidents will arise from these disturbances.

- **Poor lightings on roads and highway**

On Indian motorways and roadways, there is a severe lack of adequate lighting. This low lighting will make it harder for drivers to see. On the highways, this could result in tragic collisions.

- **Lack of necessary road signs**

Road signs are notably absent from the roads. Road signs are important to warn drivers and pedestrians about turns, speed limits, crossings, and other information that will aid in safe driving and proper road usage.

- **Obstacles**

On the road, there are a lot of potential difficulties. Trees partially enclose roads, obstructing

drivers' vision and increasing the risk of accidents. Drivers will be caught off guard by sudden, unexpected turns, bends, curves, etc., which could result in accidents.

- **Cross – roads**

The Indian Road design features countless crossroads. The cross roads connect the main road at a 90° angle in Indian road design, which makes the intersection extremely hazardous.

- **Sidewalks**

A sidewalk is a paved walkway that runs alongside a road for pedestrians. Due to their unexpected crevices and openings, these walkways on Indian roadways are typically unusable. Also, the neighbourhood merchants and street sellers will use the sidewalk, disturbing the passers-by. Because of this, pedestrians are forced to cross busy roads, which is hazardous for them.

- **Dangerous curves in hilly areas**

Many tragic incidents have been caused by dangerous curves and the roads in hilly places. Acute curves have caused many HTVs to tip over in India's hilly regions. The huge cars will slide across the marsh and collapse over as a result of the landslides.

Caused by the road users/ civilians

- **Not using helmets**

A type of protective equipment used to shield the head from harm is a helmet. Twenty times as many two-wheelers are being registered in India each year as there are people living there. If nothing changes quickly in such a situation, the number of fatalities will only increase. Thus, it is imperative that riders of motorcycles and scooters wear helmets.

- **Triple – riding**

Three people operating a motorcycle together is prohibited by law. Triple riding would be seen as "contributory negligence" in fatal accidents.

- **Speeding**

Over speeding is one more significant factor in traffic collisions. On the highways, it's normal for vehicles to exceed the speed limit by 30 to 40 kmph. Over speeding is a factor in about one-third of traffic collisions.

- **Distracted driving**

Running a red light or driving while intoxicated are not examples of inattentive driving. A distracted driver is a motorist who takes their eyes off the road, typically to use a cell phone, converse with their passengers, send texts, eat, or even put on makeup. The driver of an automobile needs pay close attention to the road in order to operate it safely. Drivers who lose focus, whether it is to use a cell phone or send text messages to pals, end up endangering the lives of other motorists and pedestrians. Since distracted driving accidents can happen anytime of the day, as opposed to drunk driving accidents, which typically happen at night. According to studies, kids are more likely than adults to use their cell phones for risky

activities like texting. Teenage inexperience behind the wheel is another risk that needs to be considered.

- **Negligent parking**

The majority of the time, cars are carelessly parked on the sides of narrow highways without any sort of warning or reflectors. This makes it difficult for other vehicles to move around without difficulty. Also, the broken-down car is left on the road unattended. This leads to numerous tragic accidents, particularly on highways.

- **Drunk driving**

Drinking impairs one's capacity to concentrate and carry out daily tasks. As a result, driving the car becomes risky for the driver. Despite being completely avoidable, drunk driving is another key factor in car accidents around the world.

- **Poor maintenance of vehicles**

Although driver mistake is the leading cause of auto accidents, poorly maintained automobiles also play a significant role in the yearly increase in traffic accidents. Many parts are routinely disregarded in vehicles that receive little to no maintenance, which puts them at risk for accidents.

- **Reckless driving**

On the road, drivers need to exercise caution. Driving carelessly puts both other people's lives and the driver's life in significant danger. Before getting into an accident, careless drivers will tailgate, make incorrect turns, pass red lights, change lanes too soon, and drive too fast.

- **Driving while drowsy**

Typically, drowsy driving occurs overnight or very early in the morning. Another name for this is river tiredness. The tell-tale signs of a sleepy driver are yawning, fatigue, boredom, and restlessness. Driving while fatigued will reduce concentration and almost certainly result in an accident.

- **Other reasons**

Several other factors, such as driving in the wrong lane, dangerous lane changes, improper turns, vehicle flaws, unnecessary overtaking and tailgating, and running stop signs and red lights all contribute to deadly traffic accidents.

- **Not crossing the road at pedestrian crossings**

If pedestrians aren't cautious enough, they put themselves in danger. Pedestrians should primarily attempt to cross the street at the marked crossings for them.

Solutions or control measures to be undertaken

There are actions that both the government and ordinary citizens can take to assist prevent accidents. Many accidents can be avoided, and in those that cannot, the harm may be mitigated.

- **By the government and traffic police force**
  - **Proper road design**

The road should always include a divider in the middle and at least two lanes on each side. Due to the divider, there would be a significant decrease in the number of traffic accidents.

- **Safety and warning signs**

With so many cars using the city's roads and highways, it is highly recommended that there be a sufficient number of road signs installed to warn and alert the drivers.

- **Traffic signals**

Wherever there is chaotic traffic, traffic signals should be provided to ease confusion and prevent accidents. The controlled passage of traffic will be assisted by traffic signals. In order to identify those who violate them, these signals should also have CCTV capabilities.

- **Fines and penalties**

Massive fines will encourage people to pay more attention to the state of the roads and their surroundings. Heavy fines should be imposed on people who operate vehicles without valid licences, use cell phones while driving, or ride motorcycles without protective gear. They won't make similar errors again thanks to this.

- **Strict security before provision of driving licence**

Before awarding driving licences to novice drivers, thorough inspection should be conducted. The ineffective drivers should be weeded out by putting new drivers through rigorous driving and written exams. Also, drivers should have regular, thorough medical exams for the diagnosis of epilepsy and heart conditions so that these conditions won't pose a risk to their ability to drive safely.

- **Sever punishment for drunk driving**

Drunk drivers and drivers in hit-and-run incidents ought to face harsh penalties. Those who cause fatal or serious accidents shouldn't get off so easy; they should face harsh penalties including imprisonment or hefty fines, as well as having their driving privileges revoked.

- **Public awareness programs**

For the purpose of educating the general people about the significance of road safety, the government and the local traffic police should establish public awareness campaigns. Moreover, first aid, the significance of the "golden hour," and appropriate medical care in the event of a traffic collision should be made known to the general people.

- **Proper care and safety measures in the hilly areas**

The steep and perilous curves found in mountainous places should be taken into consideration, and the appropriate precautions, such as barricades and road signs, should be placed in place to alert drivers to the impending perilous turns. Reflective signs should be placed on the cliffs and steep roadways to warn cars, especially at night.

- **By the users/civilians**
  - **Use of helmet**

Helmets are useful as safety equipment to avoid accidents in an uncontrolled setting. Hence, head and brain injuries can be avoided or reduced with the use of a helmet. Helmets that have received ISI (Indian Standards Institute) certification should be worn carefully. Helmets should be well-built and cover the neck and head. It is not a good idea to wear a helmet that only covers the top of the head.

- **Citizens should compensate**

Citizen's ought to be socially conscious and willing to lend a hand to those in need. They should take care of the injured people right away. When a car collision occurs, people should phone the police and request an ambulance if necessary. When necessary, such as while crossing the street, they should have the social responsibility to assist the elderly, the disabled, and young children. Also, they should always make room for an ambulance.

- **Maintenance of vehicles**

Owners and operators of automobiles should always keep them in excellent condition. The vehicle's brakes, tyres, and other parts should be replaced and serviced as needed.

- **Careful road cross**

Pedestrians should exercise caution when crossing busy streets. Always use the appropriate pedestrian crossings when crossing the street. Before crossing the street, they should always be mindful of the approaching vehicles and look both ways.

CONCLUSION

In 2015, more than 140,000 people died on Indian roadways. The total number of fatalities marks an increase of 4.6% over the prior year, according to government statistics. The age range of those died in more than 500,000 traffic accidents in 2015 was 15 to 34. Traffic accidents result in fatalities or serious injuries. These are typically brought on by both the traffic police force and the general public's irresponsibility. Thus, drastic measures must be taken by both sides to reduce the frequency of incidents.

REFERENCES

1. Government of India Ministry of Road Transport & Highways Transport Research Wing, New Delhi, 2012.
2. Singh, A.P, Agarwal P.K, Sharma A., "Road Safety Improvement: A Challenging Issue on Indian Roads", International Journal of Advanced Engineering Technology, Vol 2, Issue 2, June, 2011, Pp 363-369.
3. Leeming, J.J. (1969). Road Accidents: Prevent or Punish? Cassell. ISBN 0-304-93213-2.
4. Sagberg, Fosser, & Saetermo (1997). An investigation of behavioral adaptation to airbags and antilock brakes among taxi drivers (29 ed.). Accident Analysis and Prevention. pp. 293–302.
5. Lascher, Edward L. and Michael R. Powers. "The economics and politics of choice no-fault insurance." Springer, 2001
6. "Road Casualties Great Britain: 2006" (PDF). UK Department for Transport. Archived from the original (PDF) on 13 April 2008. Retrieved 5 March 2008.
7. "Hard-Rock and Classic Music Could Lead to Road Accidents, New Survey Says". Infoniac.com. Retrieved 13 November 2011.
8. Ray Fuller; Jorge A. Santos (2002). Human Factors for Highway Engineers. Emerald. p. 15. ISBN 978-0080434124.

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CONCEPT PAPER ON IMPLEMENT THE WHO FRAMEWORK CONVENTION ON TABACCO CONTROL - A GLOBAL "GOOD" FOR PUBLIC HEALTH

1* Dr. Christina Parmar

Associate Professor

(Christina.parmar81018@paruluniversity.ac.in)

2*Mr. Ajay Prajapati

Student of Masters of Human Resource Management

(ajuprajapati2001@gmail.com)

Parul Institute of Social Work

Parul University, Vadodara, Gujarat (India)

ABSTRACT

This paper overview of the Convention and its protocols is to protect present and future Generations from the devastating health, social, environmental and economic consequences of Tobacco consumption and exposure to tobacco smoke by providing a framework for tobacco Control measures to be implemented by the Parties at the national, regional and international Levels in order to reduce continually and substantially the prevalence of tobacco use and Exposure to tobacco smoke.

KEY WORDS

Health, social, environment, future Generations, tobacco.

CONCEPTUAL FREMWORK

A global public "good" -

As a rational, evidence-based approach, the WHO Convention holds the potential of dramatically advancing global cooperation for tobacco control and can thus be considered a potential intermediate public health good. His principles, norms and standards ultimately codified in the Convention can legally establish global priorities for national action and

multilateral cooperation on tobacco control. He institutions eventually established by the Convention, including — potentially — a financial mechanism, technical advice and assistance programmers, a mechanism to monitor treaty compliance, and provisions for ongoing consultation of the parties, can help contribute to the adoption of effective global tobacco control measures. Overall, by providing an ongoing and institutionalized platform for multilateral consultations on tobacco control, the WHO Convention may be able to promote adoption and implementation of effective tobacco control strategies worldwide. WHO has the constitutional responsibility and the unique opportunity to propel the development of a Framework Convention on Tobacco Control. Importantly, the sheer process of negotiating and Seeking its adoption can also be considered a public good. WHO efforts to achieve global public support for an international regulatory framework for tobacco control may stimulate national policy change and thus make a dramatic contribution to curtailing the spiraling pandemic well before global consensus on cogent tobacco norms is secured.

The WHO Framework Convention on Tobacco Control (WHO FCTC) is the first treaty negotiated under the auspices of the World Health Organization. The WHO FCTC is an evidence-based treaty that reaffirms the right of all people to the highest standard of health. The WHO FCTC represents a paradigm shift in developing a regulatory strategy to address addictive substances; in contrast to previous drug control treaties, the WHO FCTC asserts the importance of demand reduction strategies as well as supply issues.

The WHO FCTC was developed in response to the globalization of the tobacco epidemic. The spread of the tobacco epidemic is facilitated through a variety of complex factors with cross-border effects, including trade liberalization and direct foreign investment. Other factors such as global marketing, transnational tobacco advertising, promotion and sponsorship, and the international movement of contraband and counterfeit cigarettes have also contributed to the explosive increase in tobacco use.

From the first preambular paragraph, which states that the "Parties to this Convention [are] determined to give priority to their right to protect public health", the WHO FCTC is a global trend-setter.

The core demand reduction provisions in the WHO FCTC are contained in articles 6-14:

Price and tax measures to reduce the demand for tobacco, and

Non-price measures to reduce the demand for tobacco, namely:

- Protection from exposure to tobacco smoke;
- Regulation of the contents of tobacco products;
- Regulation of tobacco product disclosures;
- Packaging and labelling of tobacco products;
- Education, communication, training and public awareness;
- Tobacco advertising, promotion and sponsorship; and,
- Demand reduction measures concerning tobacco dependence and cessation.

The core supply reduction provisions in the WHO FCTC are contained in articles 15-17:

- **Illicit trade in tobacco products;**
- **Sales to and by minors;**
- **Provision of support for economically viable alternative activities.**

Illicit trade in tobacco products;

The Parties recognize that the elimination of all forms of illicit trade in tobacco products, including smuggling, illicit manufacturing and counterfeiting, and the development and implementation of related national law, in addition to sub regional, regional and global agreements, are essential components of tobacco control.

Each Party shall adopt and implement effective legislative, executive, administrative or other measures to ensure that all unit packets and packages of tobacco products and any outside packaging of such products are marked to assist Parties in determining the origin of tobacco products, and in accordance with national law and relevant bilateral or multilateral agreements, assist Parties in determining the point of diversion and monitor, document and control the movement of tobacco products and their legal status.

The Parties shall, as appropriate and in accordance with national law, promote cooperation between national agencies, as well as relevant regional and international intergovernmental organizations as it relates to investigations, prosecutions and proceedings, with a view to eliminating illicit trade in tobacco products. Special emphasis shall be placed on cooperation at regional and sub-regional levels to combat illicit trade of tobacco products.

Sales to and by minors;

Each Party shall adopt and implement effective legislative, executive, administrative or other measures at the appropriate government level to prohibit the sales of tobacco products to persons under the age set by domestic law, national law or eighteen.

Each Party shall prohibit or promote the prohibition of the distribution of free tobacco products to the public and especially minors.

Each Party shall endeavor to prohibit the sale of cigarettes individually or in small packets which increase the affordability of such products to minors.

The Parties recognize that in order to increase their effectiveness, measures to prevent tobacco product sales to minors should, where appropriate, be implemented in conjunction with other provisions contained in this Convention.

Provision of support for economically viable alternative activities.

In carrying out their obligations under this Convention, the Parties agree to have due regard to the protection of the environment and the health of persons in relation to the environment in respect of tobacco cultivation and manufacture within their respective territories.

Another novel feature of the Convention is the inclusion of a provision that addresses liability. Mechanisms for scientific and technical cooperation and exchange of information are set out in Articles 20-22.

The WHO Framework Convention on Tobacco Control VI the WHO FCTC opened for signature on 16 June to 22 June 2003 in Geneva, and thereafter at the United Nations Headquarters in New York, the Depositary of the treaty, from 30 June 2003 to 29 June 2004. The treaty, which is now closed for signature, has 168 Signatories, including the European Community, which makes it one of the most widely embraced treaties in UN history. Member States that have signed the Convention indicate that they will strive in good faith to ratify, accept, or approve it, and show political commitment not to undermine the objectives set out in it. Countries ishing to become a Party, but that did not sign the Convention by 29 June 2004, may do so by means of accession, which is a one-step process equivalent to ratification.

The Convention entered into force on 27 February 2005 -- 90 days after it has been acceded to, ratified, accepted, or approved by 40 States. Beginning on that date, the forty Contracting Parties are legally bound by the treaty's provisions. For each State that ratifies, accepts or approves the Convention or accedes thereto after the conditions set out in paragraph 1 of Article 36 for entry into force have been fulfilled, the Convention shall enter into force on the ninetieth day following the date of deposit of its instrument of ratification, acceptance, approval or accession. For regional economic integration organizations, the Convention enters into force on the ninetieth day following the date of deposit of its instrument of formal confirmation or accession.

The global network developed over the period of the negotiations of the WHO FCTC will be important in preparing for the implementation of the Convention at country level. In the words of WHO's Director General, Dr Jong-wook LEE:

"The WHO FCTC negotiations have already unleashed a process that has resulted in visible differences at country level. The success of the WHO FCTC as a tool for public health will depend on the energy and political commitment that we devote to implementing it in countries in the coming years. A successful result will be global public health gains for all."

For this to materialize, the drive and commitment, which was so evident during the negotiations, will need to spread to national and local levels so that the WHO FCTC becomes a concrete reality where it counts most, in countries.

CONCLUSION

Tobacco control is one of the most rational, Evidence-based policies in health care. Moreover, the recent economic data released by the World Bank Strengthens immeasurably this bedrock of scientific Evidence. On these grounds, the World Bank Recommends that ''international organizations such As the United Nations agencies should review their Existing programs and policies to ensure that tobacco Control is given due prominence… and that they should Address tobacco control issues that cross borders, Including working with the WHO's proposed Framework Convention on Tobacco Control''.

BIBLIOGRAPHY

1. https://nhm.gov.in/index1.php?lang=1&level=3&sublinkid=1126&lid=636#:~:text=Govt.,well%20as%20supply%20of%20tobacco
2. https://nhm.gov.in/index1.php?lang=1&level=3&sublinkid=1126&lid=636
3. Document A53/12
4. Document A56/8/REV.1.

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A STUDY ON “PROMOTE MENTAL HEALTH”

1* Ritu Chaudhary

Student of Human Resource Management

2* Sagar Tanti

Student of Human Resources Management

E-mail: - Sagartanti001@gmail.com

E-mail: - dagarritu2017@gmail.com

Contact no: - 9558617507

Contact no: - 9737820852

3* Dr. Christina Parmar

Parul Institute of Social Work, Parul University

Waghodiya Vadodara, Gujarat (India)

ABSTRACT

The purpose of the study of “promoting mental health” is: In today’s scenario our mind faces my things which distract it without any reason. Our mind is very complex in nature, it needs care. If it’s not then it will not be good for our mental health. In this research we will understand about mental health and how to control it. In this paper we use self-understanding and secondary data which is available on google.

KEYWORDS

Mental health, Well-being, Depression, Methods

1. INTRODUCTION

Since its start, WHO has included mental well-being in the definition of health. WHO famously defines health as:

…a state of complete physical, mental and social well-being and not merely the absence of disease to infirmity (WHO 2001, p. 1).

Mental health promotion interventions improve overall wellbeing and are delivered in the

settings where people live, work, learn, and thrive. These include school and workplace mental health programs, early childhood interventions, social support and community engagement, women empowerment, anti-discrimination programs, and other interventions that address the social determents of mental health. To maximize impact, mental health promotion activities must be linked closely with mental health services and engage a variety of health and non-health sectors (e.g., education, labor, social welfare, justice, environment, etc.).

Common types of mental illness:

- Clinical depression: A mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life.
- Anxiety disorder: A mental health disorder characterized by feelings of worry, anxiety or fear that are strong enough to interfere with one's daily activities.
- Bipolar disorder: A disorder associated with episodes of mood swings ranging from depressive lows to manic highs.

2. REVIEW OF LITERATURE

A systematic review of reviews of interventions to promote mental health and prevent mental health problems in children and young people.

Ruth Tennant, Cristina Goens, Jane Barlow, Crispin Day, Sarah Stewart-Brown Journal of Public Mental Health

ISSN: 1746-5729

Article publication date: 1 March 2007

There is a growing policy imperative to promote positive mental health as well as prevent the development of mental health problems in children. This paper summarizes the findings of published systematic reviews evaluating such interventions. A search was undertaken of ten electronic databases using a combination of medical subject headings (MeSH) and free text searches. Systematic reviews covering mental health promotion or mental illness prevention interventions aimed at infants, children, or young people up to age 19 were included.

Preserving and strengthening family to promote mental health.

Indian J Psychiatry. 2010 Apr-Jun; 52(2): 113–126.

Doi: 10.4103/0019-5545.64582

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PMID: 20838498

Author name: Ajit Avasthi

Until the arrival of the Britishers, there were no organized modern mental healthcare services in India and the mentally ill were looked after by their families or in religious institutions or simply roamed free. The Britishers established 'mental asylums' – institutions that were popular in the European countries, where the community felt safe to keep unwanted, dangerous

mentally ill in closed institutions away from family and society. This was initially for their soldiers, but the benefits were gradually extended to the Indian population as well. The first mental asylum was set up in Bombay in 1745, the second in Calcutta (1781), the third in Madras (1794), and the fourth in Monghyr, Bihar (1795). Around the same time, Philippe Pinel (1745-1826) in France, William Tuke (1732-1822) in England, and Benjamin Rush (1745-1813) in the United States ushered in the era of 'moral treatment' in psychiatry, which included humane care, avoiding physical restraints, better staff-patient interaction, and an open-door system. **Adolf Meyer**, in 1909, advocated the management of mentally ill patients outside the institutions and proposed a comprehensive 'community mental health approach' in which psychiatrists, family physicians, police, teachers, and social workers would work together to organize primary, secondary, and tertiary preventive measures in the community. All these changes, taking place in Europe and America did not make any impact on the Indian scene. Till 1946, the approach of the Govset upas to establish custodial and no therapeutic centers, for a small percentage of severely mentally ill and handicapped individuals.

3. RESEARCH METHODOLOGY

MAIN OBJECTIVE: -

To improve mental health: The mental health and mental disorders objectives also aim to improve health and quality of life for people affected by these conditions. Mental Disorder affects people of all ages and racial/ethnic backgrounds, but some populations are disproportionately affected.

RESEARCH DESIGN: -

To find out how to control/improve mental health and mental disorders from day-to-day life. This research is based on self-understanding and secondary data.

THERE ARE SOME TIPS TO KEEP YOURSELF BALANCE:-

- **Value yourself:**

Treat yourself with kindness and respect and avoid self-esteem. Be available for your hobbies and favorite projects or broaden your horizons.

- **Take care of your body:**

Taking care of yourself physically can improve your mental health: like eating your favorite foods, avoiding smoking and alcohol, and getting enough sleep. [Researchers believe that lack of sleep contributes to high rate of depression.]

- **Surrounded yourself with good people:**

Sometimes it feels that people surrounding you do not value you, so always choose your surrounding people carefully.

● **Learn how to deal with stress:**

You must keep yourself busy with some work or do a nature walk, play with your pet, try journal writing as a stress reducer or write your thoughts on your papers, etc.

● **Quiet your brains:**

Try meditating, listening to music, or just sleeping, etc.

● **Break up the monotony:**

Although our routines make us more efficient and enhance our feelings of security and safety, a slight change of pace can perk up a tedious schedule. Alter your jogging route, plan a road trip, or take a walk in a different park. Hang some new pictures or try a new restaurant.

● **Get help when you need it:**

Seeking help is a sign of strength – not a weakness. And it is important to remember that treatment is effective. People who get appropriate care can recover from mental illness and addiction and lead full, rewarding lives. [e.g., when people get ill they get to see a doctor.]

4. CONCLUSION

Mental health is important in our life. It needs care, if it is not then human beings will not be able to focus on another thing that is more important in their life. To be able to get mental peace there are many ways but always choose what you can do it.

REFERENCE

1. https://uhs.umich.edu/tenthings
2. https://acrobat.adobe.com/link/review?uri=urn:aaid:scds:US:589fb5ef-0297-331f-8e67-fed9c4a2e0de
3. https://www.who.int/data/gho/data/major-themes/health-and-well-being

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CONCEPT PAPER ON PROMOTE MENTAL HEALTH AWARNESS ON SOCIAL MEDIA

MS. SALEHABANU FARIDBHAI RATHOD

CONTECT No.: 8758565162

EMAIL ID: rathodsaleha8@gmail.com

PARUL INSTITUTE OF SOCIAL WORK

PARUL UNIVERCITY

VADODARA, GUJARAT (INDIA)

ABSTRACT

This paper is concept paper. the researcher describe about promote mental health awareness on social media. This study conducted information of social media and mental health,focusing on twitter, Instagram, facebook, snapchat, and other apps. In this concept paper researcher describe how that we have incredible technology surrounding us that we

Can use to create that great difference. it is important that we use this technology in positive ways and social media is the best place to start this movement.

INTRODUCTION

Mental health is defined as emotional, psychological, and social well being. it plays a role in nearly every aspect of one's life and can determine how we think, feel, act, respond to stress, relate to others, and even make choices.

Health is conclusive prerequisite for sustainable human development and there can be no health with out mental health. basically mental health refers to a person's condition with regards to their psychological and emotional well being. according to who mental health as mental well being in which an individual realizes his or her own abilities, can cop with the normal contribution to his or her community. to spread awareness for mental health is a difficult task. but by spreading awareness of mental health we can helps to educating to people about mental health. mental health awareness is important to reduce the stigma, normalize mental health. increase awareness, encourage treatment and fosters continued education.

In this paper researcher define spread awareness on promote mental health awareness on social media. basically social media is a great platforms for individuals to communicate and connect

and support one another. many individuals with mental health problems turn to social media platforms to seek support networks and aid others.

We ensure that we get the benefits out of social media while avoiding the negative implications and we use social media for limited time and using it for the right reasons. we needs to use social media to built meaningful relationship, communication and connections.

One of the most powerful benefits of social media is the power for a raise awareness of an important issue to a mass audience quickly. every day a lot of people are using social media to promote change and create a positive difference around them.

Social media sites play an important role in individual's mental health. in a rapidly evolving world where people experience less face to face interaction, understanding the relationship between social media and mental health is essential for the utilization of digital platforms to promote mental health and create a healthier world. the findings of our meta analysis are mixed and show that social media can both support and hinder one's mental health. the variations observed depended on the social media platform used as well as whether the study was conducted before or after the covid-19 pandemic. In general, studies that focused on twitter and Instagram social media platforms described the worst mental health expression for the population that was considered in the respective study.

Facebook, the largest and the most used social media site worldwide, connects people from all over the world and enables individuals and communities to easily band together and create movement. it's ability for the global exchange of information is unparalleled, as it can bridge people of multiple faiths, nationalities, and orientation in one platform to pursue common goals and raise movements of reform. Facebook can also be used to brige the worlds of numerous people in a relatively small location through the promotion of health campaigns and community activity to encourage wellness and social interaction.

In terms of mental health, our study shows that Facebook can be and is used to promote mental health through the connection to other users, mental health professionals, and organizations. our analysis also shows that Facebook can promote mental health among its users by giving them the ability to connect and share their stories with other people who may have the same mental health challenges, making them feel less alone. using Facebook as a social media awareness platform is an important wat to promote mental health through social media. Facebook has "groups" and "pages" that can be used exclusively for mental health awareness. it can also be used to educate individuals and communities about prevention, which could be effective, provided the pages can guarantee anonymity. Facebook's global reach is quit vast, therefore any type of mental health intervention employed has the potential of reaching and affecting many individuals.

Likewise, our study shows that there are mental health risks associated with Facebook overuse. one study that stands out in this finding is by Park ek al. (2013), which investigated overall life satisfaction before and after Facebook. results from this study indicated decreased level of contentment with the self and life after excessive Facebook usage. Therefor, the relationship between social media usage and mental when only Facebook is considered varies and the amount and quality of time spent on Facebook might be an important variable to consider in future studies.

Twitter is large platform for people to engage in conversation. it has a strong & loyal audience. introducing a hashtag and having many people retweet it creates a strong story or interest in the topic it is following. in terms of mental health, Twitter in many ways can serve as a window into users' mental health. for example, any positive phrase or words related to mental health could be followed by #mentallove or #mentalhealthlove, and the tweet will be placed in these categories so that any person can search the tweets that are potentially helping others.

Our study indicates that Twitter can be a useful social media platform to combat mental health issues by observing tweets that contain suggestions of depression and then targeting ads or certain pages to respective individuals where they can express their emotions or obtain the necessary help (i.e. nearby medical facilities). mental health professions can read and evaluate the tweets to determine if a post shows signs of a mental health issue. people can then be guided to the needed mental health service. with these interventions, professionals can use tweets about depression, other mental health issues, to help find the root cause. they can also reach out to the people who tweet about depression and obtain their feedback on how they can spread awareness.

Since a survey of studies examined in our study suggest a positive relationship between its use and mental health, it is fair to conclude that Twitter may be particularly helpful in promoting an aspect of realness that is fleeting on social media as time goes on. this sense of realness in a virtual community such as Tweeter can help minimize skewed mental images, blurring the lines of relate to others as well, so celebrities, policymakers and athletes tweeting about mental health issue can also have positive results.

Instagram is a photo based platform that emphasizes photo and video sharing via its mobile app with over 700 million users worldwide. our analysis of existing studies focusing on Twitter as a social media platform shows that if Twitter is not used responsibly, it has the potential to negatively influence young people's body image and self esteem, such as the evidence from the MacMillan et al.'s study indicates.

Though the number of studies focusing on Twitter that are included in our analysis is limited to only three studies, it was clear that young women were the largest group of people that were found to be affected by the negative impact of Instagram and mostly in terms of their mental health. Matt kreacher, the author of the #statusofmind report, suggests that "Instagram draws young women to compare themselves against unrealistic, largely curated, filtered and photoshopped versions of reality.'' All of this is in the palm of their hands for viewing any time of the day or night thus potentially creating a development of body image issues. because of Instagram and high level of mental health issues it has been associated with within the literature, the Royal Society of Mental Health proposed social media platforms place a warning on images that have been digitally enhanced or altered photos to reduce feelings of inadequacy. Non Suicide self Injury continues to be a growing and concerning trend on the social media picture sharing app Instagram, particularly during middle school or early high school years with an estimated prevalence of approximately 7-24%.

Other mental health issues that have arisen with the increase in Instagram usage are anxiety, depression, bullying, fear of missing out, and disruptive sleep patterns. studies have shown that

young people who spend more than two hours a day on social media are more likely to report psychological distress. the #statusofmind report claims that Instagram users may develop a 'compare and despair' attitude if they spend too much time on Instagram or othr social media platforms.

Other conclusions that can be drawn from our analysis are that studies examined within our parameters that focus on all three social media platforms support the powerful effect that social media has on one's mental health. though the number of studies included in our study to arrive at this conclusion is limited, the results of these studies are consistent in showing that increased social media usage equals lower mental health.

Moreover, the COVID-19 pandemic and social distancing have created an unprecedented setting or examining the relationship between social media usage and mental health. studies included in our analysis, most of which did not specify a social media platform of focus, inevitably show that while social media usage increased and was rewarding to many users looking for support when the COVID-19 pandemic hit, excessive use also led to mental health issues such as depression and anxiety. Therefor, it can be argued that social media usage during the COVID-19 pandemic specifically is much like a double edged sword, it can promote mental health, but its overuse can likewise hinder one's mental health, mental health consequences of the COVID -19 pandemic will likely be studied well into the future including among ethnic minorities.

FACEBOOK

Of the 39 included studies, Facebook emerged as one of the main social media sites in 14 of the studies where the relationship between social media and mental health was examined. At least seven of the studies reviewed provided support for a positive relationship between social media use and mental health. For instance, in a survey study conducted in Germany [18], it was found that Facebook users had higher values of certain reported personality traits and positive variables protecting mental health than did non-users. Similarly, while assessing mental health issues such as depression, anxiety, and PTSD, Masedu et al. (2014) reported that Facebook use among adults 25-54 years old had a positive impact on mental health and quality of life outcomes in the years following a disaster [3]. Naslund et al. (2018) found Facebook to be promising for supporting health behavior change among people with serious mental illness [11].

Three of the studies included in the analysis found a negative relationship between social media use and mental health. For example, Hanprathet et al. (2015) illustrated some risks of Facebook usage that affected the mental health status of Thai adolescents in their cross-sectional study [15]. Blachnio et al. (2015) found additional evidence that daily internet use time in minutes, gender, and age were predictive of Facebook intrusion [16].

Therefore, studies included in our analysis that focused on Facebook only indicate evidence for both a positive and negative relationship between social media usage and mental health, with slightly more studies evidencing a positive relationship.

TWITTER

Of the 12 studies focusing exclusively on Twitter, it was clear that Twitter has been used to raise awareness about many different mental health issues and to help individuals connect and feel that they are not alone [25,26]. For instance, Cavazos-Rehg et al. (2016) reported supportive and knowledge-based awareness tweets about fighting depression to be most common, making up 40% of the tweets reported [27]. Cavazos-Rehg et al. (2016) suggest that health professionals can use Twitter to tailor and target prevention and awareness about mental health [27]. Twitter data have also been found to be useful in providing insight for mental health surveillance before and after traumatic events such as natural disasters Furthermore, Twitter has been useful in the detection and anticipation of mental health issues [28]. For example, Reece et al. (2017) built models to predict the emergence of depression and PTSD by using learning algorithms analyzing the linguistic patterns in Tweets of the sample months before a clinical diagnosis of depression [48]. The results of their study indicated that despite the limitation of 180 characters per tweet, people who were depressed showed signs of depression in their their tweets significantly before the actual diagnosis, resulting in the viable option to use Twitter as a predictive depression evaluation tool for clinicians. Similarly, Berry et al. (2017) conducted a study using Text mining methods for Twitter to collect and organize tweets from the hashtag #WhyWeTweetMH [25]. Four overarching themes were derived from the tweets collected: (1) A sense of community, (2) raising awareness and combatting stigma; (3) a safe space for expression; and (4) coping and empowerment [25]. Therefore, evidence from studies focusing on Twitter seems to suggest a positive relationship between social media and mental health.

INSTAGRAM

Three of the studies included in the analysis focused on Instagram. Across these studies, the general trend was that Instagram may be a contributing factor in causing body image and self- harm issues in young people. Of the three studies focusing exclusively on Instagram, one study found a relationship between consistent Instagram usage and negative body image and self-harm [40]. This study focused on content posted on Instagram between 18 June 2014, and 30 June 2014, to evaluate the meaning, popularity, and content advisory warnings related to ambiguous non-suicidal self-injury (NSSI) hashtags on Instagram. The sample of 201 Instagram posts led to the identification of 10 ambiguous NSSI hashtags, with some common terms including #selfinjuryy and #MySecretFamily. "#MySecretFamily" was a popular term that described the broader community of NSSI and mental illness. The term #MySecretFamily had approximately 900,000 search results at the time. Content Advisory warnings were only generated by one-third of the relevant hashtags [40]. Another study discussed how image-based social media such as Instagram may become a source of mental health-related information and a tool for health communication [42]. Brown et al. (2019) pointed out in their study how although most of the study participants (80%) had come across expressions of active suicidal thoughts, activity and language use on Instagram did not predict acute suicidality [41].

It is important to add that Instagram is the newest platform of the three social media platforms included in this paper, so its lack of history makes it difficult to draw specific conclusions of mental health issues about its long-term use. Nevertheless, based on the inclusion of a limited number of studies, one can conclude that there appears to be a correlation between consistent Instagram usage and the effect on negative body image and self-harm.

FACEBOOK, TWITTER, INSTAGRAM

Analysis of three studies focusing on all three social media platforms generally indicates that social media use has the potential to influence people's mental health and psychological well-being. For example, Lis et al. (2015) researched the opinions of psychiatrists on whether social media had adverse effects on psychosis [37]. The study found that 37% of participants believed there was an association between psychopathology and social media sites [37].

In a subsequent study, Lin et al. (2016) assessed depression and social media use across multiple social media platforms in a large and nationally representative sample of young adults [38]. It was found that social media use was significantly associated with increased depression [38]. Most recently, a quantitative survey study by Ahmad et al. (2020) obtained data from the Kurdish social media and found statistically significant positive a correlation between self-reported social media use and the spread of panic related to COVID-19 (R = 0.8701) Results from this study also showed that majority of youth aged 18-35 years are facing psychological anxiety [39]. Therefore, though the number of studies focusing on all three social media platforms included in this analysis is limited, the results of studies included show a negative relationship between social media usage and mental health.

MODIFYING SOCIAL MEDIA USE TO IMPROVE MENTAL HEALTH

STEP 1: REDUCE TIME ONLINE

A 2018 University of Pennsylvania study found that reducing social media use to 30 minutes a day resulted in a significant reduction in levels of anxiety, depression, loneliness, sleep problems, and FOMO. But you don't need to cut back on your social media use that drastically to improve your mental health. The same study concluded that just being more mindful of your social media use can have beneficial results on your mood and focus.

While 30 minutes a day may not be a realistic target for many of us, we can still benefit from reducing the amount of time we spend on social media. For most of us, that means reducing how much we use our smartphones. The following tips can help:

1. Use an app to track how much time you spend on social media each day. Then set a goal for how much you want to reduce it by.
2. Turn off your phone at certain times of the day, such as when you're driving, in a meeting, at the gym, having dinner, spending time with offline friends, or playing with your kids. Don't take your phone with you to the bathroom.

3. Don't bring your phone or tablet to bed. Turn devices off and leave them in another room overnight to charge.
4. Disable social media notifications. It's hard to resist the constant buzzing, beeping, and dinging of your phone alerting you to new messages. Turning off notifications can help you regain control of your time and focus.
5. Limit checks. If you compulsively check your phone every few minutes, wean yourself off by limiting your checks to once every 15 minutes. Then once every 30 minutes, then once an hour. There are apps that can automatically limit when you're able to access your phone.
6. Try removing social media apps from your phone so you can only check Facebook, Twitter and the like from your tablet or computer. If this sounds like too drastic a step, try removing one social media app at a time to see how much you really miss it.

STEP 2: CHANGE YOUR FOCUS

Many of us access social media purely out of habit or to mindlessly kill moments of downtime. But by focusing on your motivation for logging on, you can not only reduce the time you spend on social media, you can also improve your experience and avoid many of the negative aspects.

If you're accessing social media to find specific information, check on a friend who's been ill, or share new photos of your kids with family, for example, your experience is likely to be very different than if you're logging on simply because you're bored, you want to see how many likes you got from a previous post, or to check if you're missing out on something.

Next time you go to access social media, pause for a moment and clarify your motivation for doing so.

Are you using social media as a substitute for real life? Is there a healthier substitute for your social media use? If you're lonely, for example, invite a friend out for coffee instead. Feeling depressed? Take a walk or go to the gym. Bored? Take up a new hobby. Social media may be quick and convenient, but there are often healthier, more effective ways to satisfy a craving.

Are you an active or a passive user on social media? Passively scrolling through posts or anonymously following the interaction of others on social media doesn't provide any meaningful sense of connection. It may even increase feelings of isolation. Being an active participant, though, will offer you more engagement with others.

Does social media leave you feeling inadequate or disappointed about your life? You can counter symptoms of FOMO by focusing on what you have, rather than what you lack. Make a list of all the positive aspects of your life and read it back when you feel you're missing out on something better. And remember: no one's life is ever as perfect as it seems on social media. We all deal with heartache, self-doubt, and disappointment, even if we choose not to share it online.

STEP 3: SPEND MORE TIME WITH OFFLINE FRIENDS

We all need the face-to-face company of others to be happy and healthy. At its best, social media is a great tool for facilitating real-life connections. But if you've allowed virtual connections to replace real-life friendships in your life, there are plenty of ways to build meaningful connections without relying on social media.

Set aside time each week to interact offline with friends and family. Try to make it a regular get-together where you always keep your phones off.

If you've neglected face-to-face friendships, reach out to an old friend (or an online friend) and arrange to meet up. If you both lead busy lives, offer to run errands or exercise together.

Join a club. Find a hobby, creative endeavor, or fitness activity you enjoy and join a group of like-minded individuals that meet on a regular basis.

Don't let social awkwardness stand in the way. Even if you're shy, there are proven techniques to overcome insecurity and build friendships.

If you don't feel that you have anyone to spend time with, reach out to acquaintances. Lots of other people feel just as uncomfortable about making new friends as you do-so be the one to break the ice. Invite a coworker out for lunch or ask a neighbor or classmate to join you for coffee.

Interact with strangers. Look up from your screen and connect with people you cross paths with on public transport, at the coffee shop, or in the grocery store. Simply smiling or saying hello will improve how you feel-and you never know where it may lead.

STEP 4: EXPRESS GRATITUDE

Feeling and expressing gratitude about the important things in your life can be a welcome relief to the resentment, animosity, and discontent sometimes generated by social media.

Take time for reflection. Try keeping a gratitude journal or using a gratitude app. Keep track of all the great memories and positives in your life-as well as those things and people you'd miss if they were suddenly absent from your life. If you're more prone to venting or negative posts, you can even express your gratitude on social media- although you may benefit more from private reflection that isn't subject to the scrutiny of others.

Practice mindfulness. Experiencing FOMO and comparing yourself unfavorably to others keeps you dwelling on life's disappointments and frustrations. Instead of being fully engaged in the present, you're focused on the "what ifs" and the "if onlys" that prevent you from having a life that matches those you see on social media. By practicing mindfulness, you can learn to live more in the present moment, lessen the impact of FOMO, and improve your overall mental wellbeing.

Volunteer. Just as human beings are hard-wired to seek social connection, we're also hard-wired to give to others. Helping other people or animals not only enriches your community and benefits a cause that's important to you, but it also makes you feel happier and more grateful.

HELPING A CHILD OR TEEN WITH UNHEALTHY SOCIAL MEDIA USE :

Childhood and the teenage years can be filled with developmental challenges and social pressures. For some kids, social media has a way of exacerbating those problems and fueling anxiety, bullying, depression, and issues with self-esteem. If you're worried about your child's social media use, it can be tempting to simply confiscate their phone or other device. But that can create further problems, separating your child from their friends and the positive aspects of social media. Instead, there are other ways to help your child use Facebook, Instagram, and other platforms in a more responsible way.

Monitor and limit your child's social media use. The more you know about how your child is interacting on social media, the better you'll be able to address any problems. Parental control apps can help limit your child's data usage or restrict their phone use to certain times of the day. You can also adjust privacy settings on the different platforms to limit their potential exposure to bullies or predators.

Talk to your child about underlying issues. Problems with social media use can often mask deeper issues. Is your child having problems fitting in at school? Are they suffering from shyness or social anxiety? Are problems at home causing them stress?

Enforce "social media" breaks. For example, you could ban social media until your child has completed their homework in the evening, not allow phones at the dinner table or in their bedroom, and plan family activities that preclude the use of phones or other devices. To prevent sleep problems, always insist phones are turned off at least one hour before bed.

Teach your child how social media is not an accurate reflection of people's lives. They shouldn't compare themselves or their lives negatively to others on social media. People only post what they want others to see. Images are manipulated or carefully posed and selected. And having fewer friends on social media doesn't make your child less popular or less worthy.

Encourage exercise and offline interests. Get your child away from social media by encouraging them to pursue physical activities and hobbies that involve real-world interaction.

Exercise is great for relieving anxiety and stress, boosting self-esteem, and improving mood- and is something you can do as a family. The more engaged your child is offline, the less their mood and sense of self-worth will be dependent on how many friends, likes, or shares they have on social media.

CONCLUSION

Our study shows that individuals suffering from mental health issues use social media as an outlet, and we should continue to use social media to promote wellness. Although these platforms can be a distorted reality for some, they ultimately still serve as platforms where individuals can express themselves. Such expression can be therapeutic for those experiencing mental health issues. Our analysis further shows that Facebook and Twitter have generally been used to both benefit mental health by bringing people of similar mental health situations

together and creating a supportive environment. We must continue to strengthen the communities within social networks so that people will be more connected, which will in turn potentially improve their mental health.

The most important finding of this analysis, however, is that there is an untapped potential for early detection using social media platforms. Providing education and tools to navigate social media constructively in schools is a good way to promote self-esteem and mental health. The greatest suggestion to emerge from this study as we move forward into the digital age is to create forums on these social media sites used to benefit the health of the community. Finally, the way people use technology has important implications for healthcare professionals. Social media use should be closely examined from clinical and public health a perspective.

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ROLE OF SOCIAL WORKER IN PROMOTING MENTAL HEALTH

Aditi Gupta

Email:- Aditiporwal192@gmail.com

Contact No.: 7383221426

Parul Institute of Social Work

Parul University

Vadodara, Gujarat (India)

ABSTRACT:

Definition of Mental Health:

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices.

Social workers work with people to assess, resolve, prevent or lessen the impact of psycho-social, physical and mental health related issues General knowledge of normal and abnormal human development and behaviour. The World Health Organization defines health as "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. It is the extent to which an individual or group is able, on the one hand, to realize aspirations and satisfy needs and, on the other hand to change or cope with the environment." Health as "a resource which gives people the ability to manage and even to change their surroundings...a basic and dynamic force in our daily lives, influenced by our circumstances, our beliefs, our culture and our social, economic and physical environments."

Mental health needs to be understood not just as due to people's traits as individuals but also due to the nature of their interaction with the wider environment. "Environment" includes not only our physical surroundings, both natural and artificial, but also the social, cultural, regulatory and economic conditions and influences that impinge on our everyday lives.

Mental health is very important for every individual, family and the community as a whole. For one to be healthy not only do they have to be physically fit but also emotionally and mentally healthy as well which is necessary for their overall well being and development.

Mental Health Mechanical Cycle in Different Individual

What is Social Work?

"The social work profession promotes change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilizing theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work" (International Federation of Social Work, 2001). The purpose of Social Work is problem-solving, empowerment and social change where people interact with their environments (Payne 2006, IFSW 2001).

Why Social Work?

Social work is a profession that focuses upon improving the health and social well-being of individuals, families, groups and communities. Social Workers believe in the rights and dignity of all individuals and to the achievement of social justice. Social workers work with people to assess, resolve, prevent or lessen the impact of psycho-social, physical and mental health related issues.

Social workers are a perfect fit for primary care because primary health care is about-

- Public Participation
- Accessibility of services
- Appropriate Technology
- Interdisciplinary Collaboration
- Health Promotion

The interventions should specifically be person and family centred and focus on:

- Behavioural Activation
- Relaxation/Stress Reduction
- Enhancing general coping strategies
- Care coordination/care management
- Supportive Listening
- Problem solving/Goal setting
- Pain Management
- Integrated behavioural health
- Patient Education
- Emphasis on patient empowerment/self care
- Attention to the social determinants of health
- Team-based care
- Advocacy,
- Promotion of independence,
- An individualised care plan
- Promotion of dignity, respect, client choice and self esteem

Types of Mental Health

Many people also experience stigma, discrimination and violations of human rights.

- Anxiety Disorders....
- Depression....
- Bipolar Disorder....
- Post-Traumatic Stress Disorder (PTSD)...
- Schizophrenia....
- Eating Disorders....
- Disruptive behaviour and dissocial disorders....
- Neuro developmental disorders.

KEYWORDS:

Role Social Worker in Promoting Health

Different Definition given by different authors

The most commonly quoted definition of health by the World Health Organization (WHO) over half a century ago states it to be "a complete state of physical, mental and social well-being, and not merely the absence of disease or infirmity."

World Health Organization (WHO) defined mental health as 'a state of well-being in which the individual understands his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community'.

INTRODUCTION:

Mental health is very important for every individual, family and the community as a whole. For one to be healthy not only do they have to be physically fit but also emotionally and mentally healthy as well which is necessary for their overall well being and development. A healthy person has a healthy mind and is able to:

- think clearly
- solve problems in life
- work productively
- enjoy good relationships with other people;
- feel spiritually at ease; and
- contribute to the community

Some of the typical and important roles that social workers carry out in the community mental health centres include-

Providing prevention education on a range of topics (depression screening, sleep hygiene, self care, stress reduction, etc.) Conducting a functional assessment and working towards functional restoration using.

- Motivational Interviewing Teaching evidence-based skills to patients
- Emphasizing home-based self management
- Providing medication education and supporting adherence

■ To stay updated about Govt and welfare schemes for different sections of the population

■ To be informed about local melas, camps, community events, resource distribution programs

■ Decision making ability- quick and precise at times of crisis, suggesting the best suitable

■ Referral service, taking action at times of urgent need Critical thinking – ability to evaluate client needs, effectiveness of interventions, needs and

■ Issues of associated family members Ability to plan and organise work, make notes, documents

The requisite knowledge, skills and abilities of a social worker are: General knowledge of normal and abnormal human development and behaviour

- General knowledge of recognized treatment interventions such as behaviour modification;
- Family, group, and individual psychotherapies; psychosexual education; substance abuse interventions; and use of psychotropic medications.
- Skill in developing and maintaining a therapeutic relationship with mentally ill patients.
- Skill in communicating with patients and families who may be experiencing distress.
- Skill in conducting and teaching individual, family, and group therapies.
- Skill in patient and family education regarding various aspects of mental illness.
- Skill in interviewing to gather data needed to diagnose the needs of individuals and their families.
- Skill in preparing clear, concise written case narratives and reports

Social Workers also have a strong ethical responsibility towards their Clients-

- Commitment to Clients
    - Self-Determination
    - Informed Consent
    - Competence
    - Cultural Competence and Social Diversity
    - Conflicts of Interest
    - Privacy and Confidentiality
    - Follow ethical and moral standards with clients
    - Responsible decision making
    - Termination of Services.

CONCLUSION:

It is essential to realize that it is not just the person with mental illness who needs help but also their loved ones and the community. In conclusion, **mental health can be challenging to deal with**. However, it is not impossible to overcome. You have to be strong and never lose your determination.

Social Workers working in the community on different kinds of mental health problems and disorders, identify of these disorders by understanding the symptoms and clinical picture, means of assessment and diagnosis and other aspects related to both medical and psychosocial interventions and rehabilitation of persons with mental disorders.

REFERENCE:

- Manual of Mental health for Social Worker

  https://dghs.gov.in/WriteReadData/userfiles/file/Training%20Manual%20SW%20.pdf
- Health Education Authority (HEA). Mental health promotion: a quality framework. London: HEA, 1997.

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IMPORTANCE OF MENTAL HEALTH IN EDUCATION SYSTEM IN INDIA

Researcher: Priyanka Prajapati

Guide: Dr. Dipak Makwana

Parul University

Vadodara, Gujarat (India)

ABSTRACT

Early adolescence is the period of the emergence of most mental disorders contributing significantly to the mental health burden globally, including India. The major challenges in India are early identification of mental health problems, treatment gap, lack of professionals, and interventions that address the same. This review aimed to assess the effectiveness of mental health interventions among adolescents in India. Most of the school-based programs used a life skills curriculum. Additionally, coping skills and resilience curricula showed improvement in depressive symptoms, cognitive abilities, academic stress, problem-solving, and overall mental well-being. The multi-component whole-school intervention was quite promising and helped in improving the overall school climate and various other mental health outcomes. Hence, school-based programs should be implemented as an entry point for screening mental health problems. However, there is a need for a more comprehensive mental health program in the country for adolescents. Additionally, there is a need to address the gap by conducting more interventions for early and out-of-school adolescents.

KEYWORDS

Adolescents; interventions; mental health; school health.

INTRODUCTION

Mental health is fundamental to good health and well-being, and it influences social and economic outcomes throughout life. Childhood and adolescence are crucial for laying a foundation for healthy development and good mental health. The increasing burden of mental health problems among this population is a growing concern globally. Most mental disorders begin before 25 years of age, more often between 11–18 years. The burden associated with common mental disorders (depressive and anxiety disorders) rises in childhood and peaks in

adolescence and early to middle age (10–29 years). A meta-analysis estimated that the global prevalence for any mental disorder among children and adolescents is 13.4%. India is home to the largest number of adolescents globally, comprising about a fifth of its population (243 million). India has the highest youth suicide rate globally, and suicide is the leading cause of mortality in this population. The overall treatment gap for mental health disorders in India is as high as 90%. The government of India has also started the National Adolescent Health Program (Rashtriya Kishor Swasthya Karyakram), which has mental health as the priority area. Still, there is a huge gap in addressing the mental health needs of adolescents, and unfortunately, the situation has worsened since the COVID-19 pandemic. Thus, it makes a crucial case to take mental health at the forefront of the issues that need to be addressed.

Mental and behavioural problems are increasing part of the health problems the world over. The burden of illness resulting from psychiatric and behavioural disorders is enormous. The psychiatric disorders account for 5 of 10 leading causes of disability as measured by years lived with a disability. The overall DALYs burden for neuropsychiatric disorders is projected to increase to 15% by the year 2020. At the international level, mental health is receiving increasing importance as reflected by the WHO focus on mental health as the theme for the World Health Day (4th October 2001), World Health Assembly (15th May 2001) and the World Health Report 2001 with Mental Health as the focus. At the national level, mental health policy has been the focus of Indian public health initiatives during last two decades. Currently India is implementing a national level programme of integrating mental health with primary health care, the largest such effort in a developing world.

There was hardly any research data available on mental health in India at the time of independence. Sir Joseph Bhore in 1946 and Dr. A. L. Mudaliar in 1959 have made observations in their reports about non availability of data on psychiatric morbidity in India.

MENTAL HEALTH IN INDIA: A PERSPECTIVE

Mental disorders are now among the top leading causes of health burden worldwide, with no evidence of global reduction since 1990. In 2017, an estimation of the burden of **mental health conditions** for the states across India revealed that as many as 197.3 million people required care for mental health conditions. This included around 45.7 million people with depressive disorders and 44.9 million people with **anxiety disorders**. The situation has been **exacerbated due to the Covid-19 pandemic**, making it a serious concern world over.

The staggering figures, however, are void of millions of others directly, or indirectly impacted by the challenge and those who **face deep rooted stigma**, many times rendering them unable to seek help.This growing challenge in dealing with **mental health issues** is further compounded by a lack of information and awareness, self-diagnosis and stigma. It is important to understand that the determination of mental illness can only be by setting benchmarks for screening. There is an urgent need to counter the notion that mental health exclusively means the absence of mental illness. The World Health Organization defines mental health as a state of well-being, where an individual realises their capabilities, can cope with the normal stressors of life, **work productively**, and is able to contribute to their community.

Mental illness is an amalgamation of biological, social, psychological, hereditary, and environmental stressors. The social determinants of health predispose individuals and populations to poor physical and mental health, increased risk for many physical and mental illnesses, and poorer outcomes of such illnesses, when they occur. In a genome-wide linkage study published in the *Nature* journal the heritability of **depression** has been estimated to be approximately 40 per cent. This increases to approximately 70 per cent when biological twins with recurrent and severe major depression are examined. Thus, social factors and institutions, like gender, race and ethnicity, are responsible for mental health conditions.

We have come to understand that social gradient affects not only the risk of disorder, but also access to services. The ability to cope effectively is also dependent on social arrangements – like family structures and income capacities. There are individuals with diagnosed **mental illness** experiencing periods of well-being, and those not diagnosed with illness, but have poor mental health- making this a wide spectrum. Access to mental health services is not limited to only those suffering from mental health conditions, but also to those facing challenges at a lesser intensity, but find them affecting their **day-to-day activities**.

LITERATURE REVIEW

A deterioration in mental health among the average Indian has been a matter of concern for psychologists and social scientists for long. However, it has been one of the least addressed issues in an age of massive technological advancement and tough competition in the job market.The Covid pandemic has made matters worse, with joblessness and illness at a high. On December 7, the Centre said in **Rajya Sabha** that 10.6 per cent of adults in India face some kind of mental disorder.Given the severity of the illness, Niti Aayog has over time recommended that the government include mental health treatment in primary healthcare arrangements.

"Three major diseases cancer, cardiovascular diseases and renal conditions and neglect in regard to mental health conditions have of late shown worrisome trends," according to the **Niti Aayog's 'Heath Care in India Vision 2020'**.

Post Covid-19, governments must encode mental health in their policy frameworks by improving their approach towards mental health services and improving public attitudes towards the issue**, Niti Aayog.**

Study based on the United States population shows that the share of adults with symptoms of anxiety or depressive disorder was 11 per cent during January-June 2019 (pre-pandemic), which rose to 41.1 per cent in January 2021 (during the pandemic).The results showed that people in the age group of 18-24 were most affected and more than half of the population was going through some kind of mental disorder.

IMPACT ON TEEN

Not just adolescents, but the pandemic's impact on the mental health of teens was also severe. Their confinement in homes or having been stuck away from their families for long, combined with uncertainty in the educational pattern, were believed to be taking a toll on their mental

health.Children may experience a range of psychological issues such as anxiety, fear, worry, depression, difficulty in sleeping and loss of appetite, according to the department of psychiatry, NIMHANS, Bengaluru. It released **a report** on 'Guidance for General Medical and Specialised Mental Health Care Settings' to highlight the issue of mental illness due to the pandemic.Increased screen time, strained family relations or a sedentary lifestyle at home pose additional challenges, the **UNICEF** highlighted.

Kumar, Devvarta (2021) School mental health program (SMHP) has proven efficacy in the holistic growth of children. It strengthens abilities, such as resilience and stress tolerance, that are needed for the overall growth of children. SMHP in India is running with a piecemeal approach and for all practical purposes, it is nonexistent for the majority of school going children. The sporadic efforts (such as conducting some sensitization program for school teachers) are praiseworthy; however, they are insufficient for a comprehensive and sustainable SMHP. Neglect of mental health of children has significant short- and long-term negative repercussions. Therefore, a countrywide comprehensive SMHP (covering both urban and rural areas) based on the promotion, prevention, and early intervention (PPEI) model is urgently required. It can happen only if there is proper inter sectoral coordination and stakeholders' involvement.

Devika Mehra (2022) Mental Health Interventions among Adolescents in India: A Scoping Review.

The study show that mental health promotion interventions for adolescents were effective in school-based settings. We found promising evidence from interventions delivered using a multi-component whole school approach and life skills curriculum to improve mental health outcomes. We identified the feasibility and effectiveness of integrating mental health with other issues, such as sexual and reproductive health, nutrition, HIV, and substance use in school and community settings, and improving the knowledge of adolescents on these issues along with improving their overall mental well-being.

Bhuvana Shridhar (2023) Why mental health support should be integrated into education?

This article shown that The path of higher education is critical in every student's life, as it determines their future. Over the past two years, the pandemic-led lockdowns and the uncertainties associated with them have had a detrimental effect on mental well-being. Young adults, especially, have been exhibiting particularly high rates of insecurity, unruly behaviour, drug abuse, distress, depression, anxiety, and suicidal tendencies. Limited or lack of access to digital learning, absence of appropriate counselling and support, and the inability to connect with peers triggered loneliness and anxiety, further exacerbating the situation. It mentioned few steps for the educators and educational institutes for the student's mental well-being.

THE NEEDED STEPS

Establishment of a steering body:

Implementation of any nationwide program, that has to sustain in long-run, requires an

organization or steering body that can centrally regulate, coordinate (with various agencies and stakeholders), and monitor the program. Various stakeholders such as educationists; representatives of ministries related to health, education and child development; and representatives of parent groups, teachers, and school administrators should be part of this group. This body should be effectively coordinating between central and state agencies related to health, education, and child development and in consultation with all the stakeholders and concerned agencies decide the process of implementation of SMHP on the PPEI model. This body can also coordinate research related to need and outcome assessment, publication of resource materials, and training of workforce.

Aactive involvement of the stakeholders:

Various stakeholders and agencies can perceive their role in running a comprehensive SMHP only when they feel that their larger goals will be supplemented by their active participation in the SMHP. For example, the Ministry of Women and Child Development is likely to be forthcoming in participating in SMHP activities if there is realization that SMHP can be augmentative in achieving their mission of "well nurtured children with full opportunities for growth and development in a safe and protective environment,"[[14]] that it can help in effective implementation of the Integrated Child Development services, and that the problem of juvenile delinquency can be prevented in a substantial way if schools run mental health promotion programs where children and adolescents spend significant amount of time.

Training of the teachers:

In order to ensure that the teachers have an understanding of the importance of SMHP and are able to actively participate in its delivery, it is important that there is an inbuilt system of training the teachers for this purpose. It can be at two levels: first, inclusion of topics related to SMHP, such as child and adolescent development and various life-skills, in the curriculum of Bachelor of Education (B. Ed.) program and second, provision for intensive in-service training for teachers in conducting life-skills related programs such as enhancing resilience, emotional regulation, problem-solving, and healthy interpersonal relationship. In addition, the teachers should be sensitized to various child and adolescent mental health issues, ways to work as gatekeepers for suicide prevention and steps to conduct preliminary crisis intervention. As of now the B. Ed. curriculum has just a small component on child development. As suggested above, it should be more inclusive of topics related to child and adolescent development, mental health, and life-skills.

What institutes can do

Here are some ways to strengthen mental healthcare services on education campuses across India:

- Create youth-driven activities and promote volunteers and personal mentors who can be trained as frontline support to address issues around mental health within the campus.

- Establish a tailored curriculum that supports and interests students, and a teaching methodology which motivates them.
- Develop resilient educators who can handle students with varying needs and take a keen interest in connecting with their world.
- Host mental health counselling camps, wellness weeks, as well as interactive sessions within the campus to teach students self-calming or anxiety-coping techniques.
- Build a safe and interactive classroom environment that includes organising activities to help manage stress and promote well-being.
- Have an open-door policy to help students feel comfortable in sharing their problems and seeking appropriate support.
- Ensure that trained professionals are on hand to provide in-house medical assistance, counselling and telehealth offerings on confidential matters.
- Encourage social time by promoting co–curricular activities to build self-esteem and social skills.

For the educators

Apart from institutional efforts, teachers and professors also need to take action on their part. For example, pay attention and be mindful of how they communicate with the students. The tone must be warm yet professional. Educators should take students' concerns seriously, offer validation and acceptance, and avoid shaming. They should motivate students by emphasising their positives, encouraging teamwork and collaboration, and giving constructive feedback.

CONCLUSION

Mental health promotion interventions for adolescents were effective in school-based settings. There should also be a focus on strategies for the reduction of stigma, which hinders individuals from accessing mental health services, despite the need. It is important that adolescents can utilize services through mechanisms apart from community sensitization and educational trainings and more innovative approaches such as digital platforms etc., which can build their capacity for self-reliance and resilience to individually deal with mental health problems. Additionally, there is a need for the use of contextualized and validated tools in local settings. It suggested that Mental health and wellness should be added to school curriculum. There is a great need for guidance and counseling in education these days as school children are not able to opt for choosing the best career for themselves. To Solve mental health disease through Indian Art – Craft, painting, Classical music- not by only counseling. It aim For not vocational education, but education using real life activities as a medium of spiritual self-evolvement, exploration of social entrepreneurship skills with the perspective of ecological sustainability and social justice.

REFERENCES

1. https://www.researchgate.net/publication/267453837_Mental_Health_Issues_and_Challenges_in_India_A_Review
2. https://www.mdpi.com/2227-9032/10/2/337
3. https://journals.lww.com/indianjpsychiatry/Fulltext/2021/63010/School_mental_health_program_in_India__Need_to.15.aspx
4. https://www.thehindu.com/education/why-mental-health-support-should-be-integrated-into-education/article66252278.ece
5. https://www.hindustantimes.com/india-news/schoolteachers-to-be-trained-to-identify-mental-health-issues-among-students-101637812046586.html
6. https://indianexpress.com/article/lifestyle/health/mental-health-in-india-a-perspective-anxiety-depression-stress-7764309/
7. https://www.indiatoday.in/diu/story/depression-in-times-of-covid-one-in-10-adults-suffer-from-mental-health-issues-in-india-1886014-2021-12-09

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DEMENTIA

Apeksha Uttekar

Course: MSW-HRM

E-Mail : utekarapeksha@gmail.com

Contact No. : 6351901577

Parul University, Vadodara, Gujarat

ABSTRACT

All the articles published in the Indian Journal of Psychiatry (IJP) from 1958 to 2009 on aging, dementia and other mental health issues of late life were systematically reviewed. There were only a limited number of research articles on dementia in the IJP. Most of the Indian studies on dementia were published elsewhere. People above the age of 60 years constitute about 5% of patients seen in tertiary care settings. High prevalence of psychiatric morbidity was reported among community resident older people. Depression was the commonest mental health problem in late life. We need to develop community-based interventions for management of common conditions like depression in late life. The effectiveness of these interventions needs to be established. It is important to identify risk factors for depression and dementia in our population. We could then try and modify these factors to reduce the prevalence of these conditions.

INTRODUCTION

A group of thinking and social symptoms that interferes with daily functioning. Not a specific disease, dementia is a group of conditions characterised by impairment of at least two brain functions, such as memory loss and judgement.

A serious mental problem caused by brain disease or injury, that affects the ability to think, remember and behave normally.

The term dementia derives from Latin word demens, which means being out of one's mind.

Dementia is not a single disease; it's an overall term — like heart disease — that covers a wide range of specific medical conditions, including **Alzheimer's disease.** Disorders grouped under the general term "dementia" are caused by abnormal brain changes. These changes trigger a decline in thinking skills, also known as cognitive abilities, severe enough to impair daily life and independent function. They also affect behaviour, feelings and relationships.

Alzheimer's disease accounts for 60-80% of cases. Vascular dementia, which occurs because of microscopic bleeding and blood vessel blockage in the brain, is the second most common cause of dementia. Those who experience the brain changes of multiple types of dementia simultaneously have mixed dementia. There are many other conditions that can cause symptoms of dementia, including some that are reversible, such as thyroid problems and vitamin deficiencies.

Dementia is often incorrectly referred to as **"senility"** or **"senile dementia,"** which reflects the formerly widespread but incorrect belief that serious mental decline is a normal part of aging.

STAGES

Early stage: the early stage of dementia is often overlooked because the onset is gradual. Common symptoms may include

- forgetfulness
- losing track of the time
- becoming lost in familiar places.

Middle stage: as dementia progresses to the middle stage, the signs and symptoms become clearer and may include:

- becoming forgetful of recent events and people's names
- becoming confused while at home
- having increasing difficulty with communication
- needing help with personal care
- experiencing behaviour changes, including wandering and repeated questioning

Late stage: the late stage of dementia is one of near total dependence and inactivity. Memory disturbances are serious and the physical signs and symptoms become more obvious and may include:

- becoming unaware of the time and place
- having difficulty recognizing relatives and friends
- having an increasing need for assisted self-care
- having difficulty walking
- experiencing behaviour changes that may escalate and include aggression.

SYMPTOMS

Dementia symptoms vary depending on the cause, but common signs and symptoms include:

Cognitive changes

- Memory loss, which is usually noticed by someone else

- Difficulty communicating or finding words
- Difficulty with visual and spatial abilities, such as getting lost while driving
- Difficulty reasoning or problem-solving
- Difficulty handling complex tasks
- Difficulty with planning and organizing
- Difficulty with coordination and motor functions
- Confusion and disorientation

Psychological changes

- Personality changes
- Depression
- Anxiety
- Inappropriate behaviour
- Paranoia
- Agitation
- Hallucinations

CAUSES

Dementia is caused by damage to or loss of nerve cells and their connections in the brain. Depending on the area of the brain that's damaged, dementia can affect people differently and cause different symptoms.

Dementias are often grouped by what they have in common, such as the protein or proteins deposited in the brain or the part of the brain that's affected. Some diseases look like dementias, such as those caused by a reaction to medications or vitamin deficiencies, and they might improve with treatment.

PROGRESSIVE DEMENTIAS

Alzheimer's disease. This is the most common cause of dementia.

Although not all causes of Alzheimer's disease are known, experts do know that a small percentage are related to mutations of three genes, which can be passed down from parent to child. While several genes are probably involved in Alzheimer's disease, one important gene that increases risk is apolipoprotein E4 (APOE).

Alzheimer's disease patients have plaques and tangles in their brains. Plaques are clumps of a protein called beta-amyloid, and tangles are fibrous tangles made up of tau protein. It's thought that these clumps damage healthy neurons and the fibers connecting them.

Vascular dementia. This type of dementia is caused by damage to the vessels that supply blood to your brain. Blood vessel problems can cause strokes or affect the brain in other ways, such as by damaging the fibers in the white matter of the brain.

The most common signs of vascular dementia include difficulties with problem-solving, slowed thinking, and loss of focus and organization. These tend to be more noticeable than memory loss.

Lewy body dementia. Lewy bodies are abnormal balloonlike clumps of protein that have been found in the brains of people with Lewy body dementia, Alzheimer's disease and Parkinson's disease. This is one of the more common types of progressive dementia.

Common signs and symptoms include acting out one's dreams in sleep, seeing things that aren't there (visual hallucinations), and problems with focus and attention. Other signs include uncoordinated or slow movement, tremors, and rigidity (parkinsonism).

Frontotemporal dementia. This is a group of diseases characterized by the breakdown of nerve cells and their connections in the frontal and temporal lobes of the brain. These are the areas generally associated with personality, behaviour and language. Common symptoms affect behaviour, personality, thinking, judgment, and language and movement.

Mixed dementia. Autopsy studies of the brains of people 80 and older who had dementia indicate that many had a combination of several causes, such as Alzheimer's disease, vascular dementia and Lewy body dementia. Studies are ongoing to determine how having mixed dementia affects symptoms and treatments.

RATES OF DEMENTIA

Worldwide, around 55 million people have dementia, with over 60% living in low- and middle-income countries. As the proportion of older people in the population is increasing in nearly every country, this number is expected to rise to 78 million in 2030 and 139 million in 2050.

TREATMENT OF DEMENTIA

MEDICATIONS

No medication can cure dementia. But some may help with some of the symptoms for a time. And doctors may prescribe other meds to treat problems brought on by dementia, such as depression, trouble sleeping, or irritability.

Cholinesterase inhibitors such as donepezil (Aricept), galantamine (Razadyne, Reminyl), and rivastigmine (Exelon) slow the breakdown of a brain chemical involved in memory and judgment.

Memantine (Namenda) helps control a different brain chemical needed for learning and memory. Sometimes doctors prescribe memantine along with donepezil in a combination drug (Namzaric) for moderate to severe dementia.

Antidepressants, especially selective serotonin reuptake inhibitors (SSRIs), can improve low mood and irritability.

Anxiolytics such as lorazepam (Ativan) or oxazepam (Serax) can ease anxiety or restlessness.

Antipsychotic medicines such as aripiprazole (Abilify), haloperidol (Haldol), olanzapine (Zyprexa), and risperidone (Risperdal) can help control feelings and behaviors such as aggression, agitation, delusions, or hallucinations.

THERAPIES

These approaches might help jog your loved one's memory and thinking skills -- or at least give them pleasure and brighten their day. Make sure anything they try helps their quality of life and doesn't make them feel frustrated or overwhelmed.

Reminiscence therapy might include things like talking with your loved one about their hometown, school days, work life, or favourite hobbies. It can be done one-on-one or in groups as part of an organized therapy. The person leading the session might use music from your loved one's past, or things like photos or treasured items, to help.

Cognitive stimulation therapy (CST) is a structured program for groups of people with mild to moderate dementia. At meetings, the group does mentally engaging activities, like talking about current events, singing, playing word games, or cooking from a recipe.

Reality orientation training goes over basic things like the person's name, and the date and time. They might have signs with that information placed around their home. Some people find this to be too much or even patronizing. If it's not working for your loved one, drop it.

RISK FACTORS AND PREVENTION

Although age is the strongest known risk factor for dementia, it is not an inevitable consequence of biological ageing. Further, dementia does not exclusively affect older people – young onset dementia (defined as the onset of symptoms before the age of 65 years) accounts for up to 9% of cases. Studies show that people can reduce their risk of cognitive decline and dementia by being physically active, not smoking, avoiding harmful use of alcohol, controlling their weight, eating a healthy diet, and maintaining healthy blood pressure, cholesterol and blood sugar levels. Additional risk factors include depression, social isolation, low educational attainment, cognitive inactivity and air pollution.

REVIEW OF LITERATURE

1) Over-the-Counter Supplement Interventions to Prevent Cognitive Decline, Mild Cognitive Impairment, and Clinical Alzheimer-Type Dementia

This paper is written by Mary Butler, Victoria A. Nelson, Heather Davila, Edward Ratner, Howard A. Fink, Laura S. Hemmy, J. Riley McCarten, Terry R. Barclay, Michelle Brasure and Robert L. Kane. The prevalence of cognitive decline, mild cognitive impairment

(MCI), and dementia is increasing as the population ages, and optimal interventions to prevent or delay these conditions are uncertain. Over-the-counter (OTC) supplements have been suggested as a potential intervention to prevent or delay cognitive decline, MCI, or clinical Alzheimer-type dementia in adults with normal cognition or MCI but no dementia diagnosis. This literature review summarizes the evidence on the efficacy and harms of OTC supplements for cognitive protection.

2) Impact of person-centred care training and person-centred activities on quality of life, agitation, and antipsychotic use in people with dementia living in nursing homes: A cluster-randomised controlled trial

This paper is written by Clive Ballard, Anne Corbett, Martin Orrell, Gareth Williams, Esme Moniz-Cook, Renee Romeo, Bob Woods, Lucy Garrod, Ingelin Testad, Barbara Woodward Carlton, Jennifer Wenborn, Martin Knapp and Jane Fossey. This study evaluated the impact of a person-centred care and psychosocial intervention, called WHELD, on the quality of life, agitation, and antipsychotic use of people with dementia living in nursing homes. The study was conducted between January 2013 and September 2015 and compared the WHELD intervention with treatment as usual in 69 UK nursing homes. The intervention consisted of staff training in person-centred care and social interaction, antipsychotic medication review, and ongoing delivery through a care staff champion model. The study found that the WHELD intervention resulted in statistically significant improvements in quality of life, agitation, and overall neuropsychiatric symptoms compared to treatment as usual. The intervention also led to an increase in positive care interactions and cost savings. However, the study had limitations, including the fact that antipsychotic review was based on augmenting processes within care homes to trigger medical review and did not involve proactive primary care education.

3) Effect of Intensive vs Standard Blood Pressure Control on Probable Dementia A Randomized Clinical Trial

This paper is written by Jeff D. Williamson. This is a scientific article from JAMA, a peer-reviewed medical journal. It reports on a randomized clinical trial investigating whether intensive blood pressure control can reduce the risk of dementia in people with hypertension. The study involved 9361 adults aged 50 years or older with hypertension but without diabetes or history of stroke. Participants were randomized to a systolic blood pressure goal of either less than 120 mm Hg (intensive treatment group) or less than 140 mm Hg (standard treatment group).The study found that intensive blood pressure control did not significantly reduce the risk of probable dementia. The trial was conducted at 102 sites in the United States and Puerto Rico and was stopped early for benefit on its primary outcome (a composite of cardiovascular events) and all-cause mortality. The final date for follow-up of cognitive outcomes was July 22, 2018.

4) Positive age beliefs protect against dementia even among elders with high-risk gene

This paper is written by Becca R. Levy, Martin D. Slade, Robert H. Pietrzak, Luigi Ferrucci. The study examined whether positive age beliefs, assimilated from the surrounding culture, can reduce the risk of dementia for older individuals, including those carrying the APOE ε4 gene. Positive age beliefs have been found to predict better cognitive performance and can be bolstered through interventions. Stereotype embodiment theory suggests that age beliefs assimilated from culture can become a resource or a barrier to good health outcomes, depending on whether they are positive or negative.Stress is considered the mechanism by which age beliefs influence dementia risk, as negative age beliefs exacerbate stress, while positive ones buffer against its deleterious effects. The study sample included 4,765 participants, and age beliefs were assessed using the five-item Attitude toward Aging (ATA) subscale of the Philadelphia Geriatric Center Morale Scale. The results supported the hypothesis that positive age beliefs protect older individuals, including APOE ε4 carriers, from developing dementia.

5) Anticholinergic Drug Exposure and the Risk of Dementia A Nested Case-Control Study

This paper is written by Carol A. C. Coupland, Trevor Hill, Tom Dening, Richard Morriss, Michael Moore, Julia Hippisley-Cox and published in the JAMA Internal Medicine. The study by Coupland et al. (2019) aimed to investigate the association between anticholinergic drug exposure and the risk of dementia in individuals aged 55 years or older. The study utilized a nested case-control design and analyzed data from the QResearch primary care database in England. The study population comprised 58,769 patients with a diagnosis of dementia and 225,574 matched controls. The researchers used information on prescriptions for 56 drugs with strong anticholinergic properties to calculate measures of cumulative anticholinergic drug exposure

6) Health Care Utilization and Cost Outcomes of a Comprehensive Dementia Care Program for Medicare Beneficiaries

This paper is written by Lee A. Jennings, Alison M. Laffan, Anna C. Schlissel. This study aimed to evaluate the health care utilization and cost outcomes of a comprehensive dementia care program for Medicare beneficiaries. The study used a case-control design and compared 1083 Medicare beneficiaries enrolled in the University of California Los Angeles Health System Alzheimer and Dementia Care program with 2166 similar patients with dementia not participating in the program. The patients in the comparison cohort were selected using the zip code of residence as a sampling frame and matched with propensity scores, which included demographic characteristics, comorbidities, and prior-year health care utilization. Medicare claims data were used to compare utilization and cost outcomes for the two groups.

RESEARCH METHODOLOGY

OBJECTIVES OF THE STUDY

- To study of the disease Dementia.
- To find out its causes and treatment
- To measures the symptoms of dementia
- To know about stages of dementia
- To know about factors and prevention

EXPLANATION OF THE TERM

Dementia: Dementia is not a specific disease but is rather a general term for the impaired ability to remember, think, or make decisions that interferes with doing everyday activities.

Symptoms: A simple definition of disease is an 'illness or sickness characterised by specific signs or symptoms'.

Mental Illness : Mental illness, also called mental health disorders, refers to a wide range of mental health conditions — disorders that affect your mood, thinking and behaviour.

Alzheimer: Alzheimer's disease is the most common type of dementia. It is a progressive disease beginning with mild memory loss and possibly leading to loss of the ability to carry on a conversation and respond to the environment. Alzheimer's disease involves parts of the brain that control thought, memory, and language.

Vascular dementia: Vascular dementia refers to changes to memory, thinking, and behaviour resulting from conditions that affect the blood vessels in the brain.

Spatial ability: Spatial ability is the capacity to understand, reason and remember the visual and spatial relations among objects or space.

Paranoia: It feeling extremely nervous and worried because you believe that other people do not like you or are trying to harm you.

Agitation: It is the situation in which people protest or argue, especially in public, in order to achieve a particular type of change.

Hallucination: A sight, sound, smell, taste, or touch that a person believes to be real but is not real.

Lewy body dementia: (LBD) is a disease associated with abnormal deposits of a protein called alpha-synuclein in the brain.

Frontotemporal dementia: It is an uncommon type of dementia that causes problems with behaviour and language.

Mixed dementia: It is a condition in which brain changes of more than one cause of dementia occur simultaneously.

FINDINGS

Dementia is a term used to describe a group of symptoms that affect memory, thinking, and social abilities severely enough to interfere with daily functioning. Some common types of dementia include Alzheimer's disease, vascular dementia, Lewy body dementia, and frontotemporal dementia.

Research on dementia is ongoing, and many findings have been made in recent years. Here are some key findings:

Risk factors: There are several risk factors for dementia, including age, genetics, lifestyle, and medical conditions. Some modifiable risk factors include physical inactivity, smoking, high blood pressure, diabetes, and obesity.

Early detection: Early detection of dementia can help with treatment and management. Research has shown that cognitive testing and brain imaging can help identify early signs of dementia.

Treatment: While there is currently no cure for dementia, there are several treatments available that can help manage symptoms and slow down the progression of the disease. These treatments may include medications, cognitive therapy, and lifestyle changes.

Prevention: There are several steps that people can take to reduce their risk of developing dementia. These include staying physically and mentally active, eating a healthy diet, controlling medical conditions like high blood pressure and diabetes, and avoiding smoking and excessive alcohol consumption.

Caregiving: Caring for someone with dementia can be challenging, and many caregivers experience stress and burnout. Research has shown that caregiver support programs, respite care, and counseling can help reduce caregiver stress and improve the quality of life for both the caregiver and the person with dementia.

Overall, ongoing research on dementia is shedding light on the causes, risk factors, and potential treatments for this complex and challenging condition.

CONCLUSION

Dementia is a broad term that refers to a decline in cognitive function that affects a person's ability to carry out daily activities. It is caused by damage to brain cells, which can be due to various factors such as age, genetics, and lifestyle. Research on dementia has made significant progress in recent years, leading to a better understanding of its causes, symptoms, and potential treatments.

One of the key findings of research on dementia is that it is a complex and multifactorial condition, and there is no one-size-fits-all approach to its treatment. While there is no cure for dementia, there are ways to manage its symptoms and slow down its progression. Some of the most promising treatments for dementia include medications, cognitive and behavioural therapies, and lifestyle changes.

In addition to treatment, research has also focused on prevention strategies for dementia. Studies have found that regular exercise, a healthy diet, and social engagement can help reduce the risk of developing dementia. Other factors that have been linked to a lower risk of dementia include education, cognitive stimulation, and a healthy sleep pattern.

Overall, research on dementia has made significant progress in recent years, leading to a better understanding of its causes, symptoms, and potential treatments. While there is still much to learn about this complex condition, the findings of current research offer hope for those living with dementia and their loved ones.

SUGGESTIONS

1. Conduct Clinical Trials: Clinical trials are essential in developing new treatments for dementia. Researchers can conduct trials to test the safety and effectiveness of new drugs, therapies, and interventions in reducing the symptoms of dementia. Clinical trials also offer opportunities to learn more about the mechanisms of the disease and identify new targets for treatment.

2. Investigate Risk Factors: Dementia has various risk factors, including age, genetics, and lifestyle factors. Researchers can investigate how these risk factors interact to increase the risk of developing dementia. Such investigations can help to identify preventive strategies for individuals at risk and help reduce the incidence of dementia.

3. Study the Impact of Caregiving: Caring for someone with dementia can be physically and emotionally demanding, and it can take a toll on the mental health of caregivers. Researchers can study the impact of caregiving on the mental and physical health of caregivers, as well as the financial and social impacts of providing care for someone with dementia. This information can be used to develop better support systems for caregivers.

4. Analyze the Brain: Dementia is caused by changes in the brain, and researchers can use various imaging techniques to investigate the changes that occur in the brain during the development and progression of dementia. Understanding the changes that occur in the brain can help to identify new targets for treatment and intervention.

5. Develop Personalized Medicine: Dementia is a complex and multifactorial disease, and there is no one-size-fits-all approach to treatment. Researchers can investigate how factors such as genetics, lifestyle, and other individual factors affect the development and progression of dementia. This information can be used to develop personalized medicine and targeted interventions for individuals at risk of developing dementia.

6. Promote Public Awareness: Dementia is a significant public health issue, and promoting public awareness of the disease can help to reduce the stigma associated with it. Researchers can conduct studies to understand the public's perception of dementia and to develop effective ways of communicating information about the disease to the public

REFERENCE

1. https://scholar.google.co.in/scholar?hl=en&as_sdt=0,5&as_vis=1&qsp=1&q=latest+major+findings+of+dementia&qst=ib#d=gs_qabs&t=1676743148257&u=%23p%3DD9ogRsIxCWIJ
2. https://www.alz.org/alzheimers-dementia/what-is-dementia#:~:text=Dementia%20is%20a%20general%20term,help%20those%20affected%20by%20Alzheimer's
3. https://www.mayoclinic.org/diseases-conditions/dementia/symptoms-causes/syc-20352013
4. https://www.cdc.gov/aging/aginginfo/alzheimers.htm#:~:text=Alzheimer's%20disease%20is%20the%20most,thought%2C%20memory%2C%20and%20language
5. https://www.who.int/news-room/fact-sheets/detail/dementia
6. A handbook of common diseases by causes & cure.
7. https://www.cdc.gov/aging/dementia/index.html

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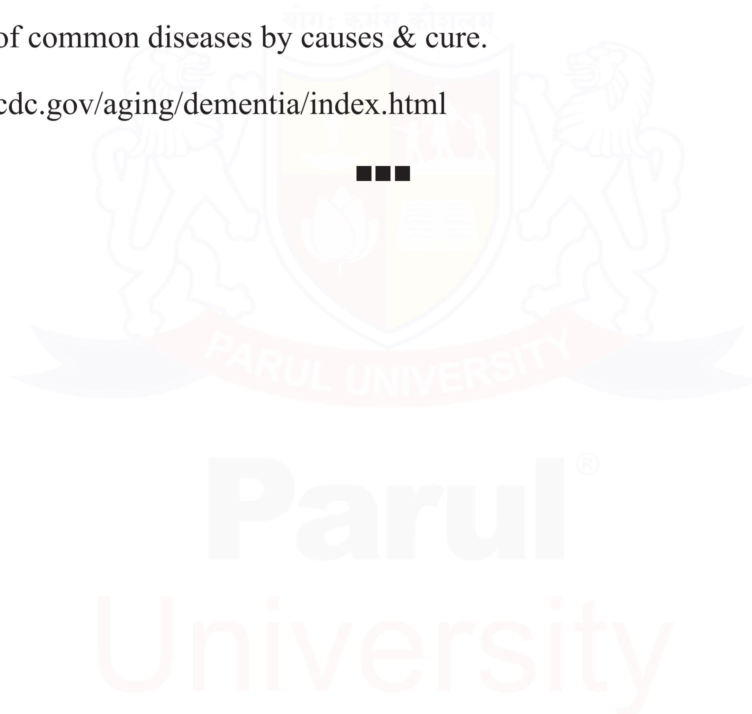

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CONCEPT PAPER ON "PREVENTION OF THALASSEMIA THROUGH SOCIAL WORK INTERVENTION"

1* Dr. Christina Parmar

Associate Professor, Parul Institute of Social Work, Parul University

2* Shikhar Soni

Student of Masters of Social Work, Parul University

3* Mr. Imamali K. Saiyad

Assistant Professor, P.M. Patel College and Ph.D Scholar

Parul institute of Law, Parul University, Vadodara, Gujarat

E-Mail:- Shikharsoni07@gmail.com, christina.parmar81018@paruluniversity.ac.in

Contact No.:– 8200766684

ABSTRACT

This paper explores the role of social work intervention in preventing thalassemia, a genetic blood disorder that affects millions of people worldwide. Thalassemia prevention through social work intervention includes raising awareness, providing support, and promoting early diagnosis and treatment of the disease. The paper presents various tools and methods for data collection and analysis to develop effective social work interventions to reduce the incidence of thalassemia.

KEYWORDS

Thalassemia: *A genetic blood disorder that affects the production of hemoglobin in red blood cells.*

Prevention: *Actions taken to reduce the incidence or severity of a disease or health condition.*

Social work intervention: *The use of social work principles and methods to address social, economic, and health-related problems.*

Genetic disorder: *A health condition caused by abnormalities in an individual's DNA.*

Health education: *The process of imparting knowledge and skills to individuals and communities to promote healthy behaviors and prevent disease.*

INTRODUCTION

Thalassemia is a global health problem that affects millions of people, especially in developing countries. The genetic disorder causes severe anaemia and other health complications, which can be life-threatening. Prevention of thalassemia is critical to reduce the burden of the disease. Social work intervention can play an essential role in preventing thalassemia by addressing the social, cultural, and economic factors that contribute to the spread of the disease.

Thalassemia prevalence: The prevalence of Thalassemia varies widely depending on the population, with higher prevalence in countries like India, Pakistan, and Bangladesh. It is estimated that 7% of the world's population carries a Thalassemia gene.

Thalassemia types: Alpha Thalassemia, beta Thalassemia major, beta Thalassemia minor, haemoglobin H disease.

Thalassemia treatment options : Treatment for Thalassemia may include blood transfusions, iron chelation therapy, and bone marrow transplant.

OBJECTIVES

- To understand about Thalassemia
- To make the people aware about Thalassemia
- To explore the role of social worker in prevention of Thalassemia

Solutions to prevent Thalassemia while aligning with Sustainable Development Goal 3: Good Health and Well-being :

Raising awareness: Health education and awareness-raising campaigns could be organized to educate individuals and communities about the risk factors, symptoms, and prevention of thalassemia. The campaigns could be designed to reach a wide audience through various media channels, including social media, television, and radio.

Improving healthcare services: Access to quality healthcare services is essential for thalassemia prevention and management. Governments and healthcare providers could invest in improving healthcare infrastructure, training healthcare professionals, and providing essential medical supplies and equipment.

Promoting genetic counseling: Genetic counseling could be provided to individuals and families at risk of thalassemia to help them make informed decisions about family planning and prenatal care. Genetic counseling services could be integrated into existing healthcare systems to ensure that they are accessible to everyone, regardless of their socioeconomic status.

Advocating for policies and programs: Policies and programs could be developed to promote thalassemia prevention and management. For example, governments could offer financial incentives to encourage individuals and families to undergo genetic testing and counseling, or

establish national thalassemia prevention programs that provide essential services to affected individuals and families.

Collaboration and partnerships: Collaboration between governments, healthcare providers, non-governmental organizations, and other stakeholders could be essential in developing sustainable and effective thalassemia prevention strategies. Partnerships could be formed to share knowledge, expertise, and resources, and to advocate for policies and programs that support thalassemia prevention and management.

Government and Social Work Intervention: Collaborating to Prevent Thalassemia :

Government's role in thalassemia prevention: Governments have a critical role to play in preventing thalassemia through policy and program development. This includes implementing public health campaigns to raise awareness about thalassemia, providing funding for screening programs, and ensuring access to medical treatment for individuals affected by the disease. Governments can also collaborate with social workers to develop community-based interventions that address the social and emotional needs of individuals and families affected by thalassemia.

Social work intervention in thalassemia prevention: Social work interventions can complement the efforts of government agencies by providing education, support, and advocacy to individuals and families affected by thalassemia. Social workers can work with communities to raise awareness about thalassemia, provide counseling and emotional support to affected individuals and families, and advocate for policies that promote thalassemia prevention and access to healthcare.

Collaboration between government and social work intervention: Collaboration between govt. agencies and social workers can lead to more effective thalassemia prevention efforts. Social workers can provide insights into the needs and experiences of individuals and families affected by thalassemia, while governments can provide resources and funding to support community-based interventions. Collaboration can also lead to more coordinated and comprehensive approaches to thalassemia prevention that address both medical and social needs.

Goverment Schemes : "Thalassemia Bal Sewa Yojana" It is funded by the Coal India Corporate Social Responsibility programme called the "Hematopoietic Stem Cell Transplantation Programme". It provides financial assistance to more than 200 patients every year by providing Rs 10 lakhs per HSCT.

USE OF SOCIAL WORK METHODS

Casework: Involves providing individual counseling, education, and support to families with a history of thalassemia or those at risk of passing on the gene.

Group work: Involves educating & counseling groups of individuals, such as parents or students, to raise awareness about thalassemia prevention and promote healthy lifestyle choices.

Community organization: Involves raising awareness and advocacy efforts to promote early diagnosis and treatment, genetic counseling, and prenatal testing.

Social action: Involves advocating for policy change and legislation to improve access to thalassemia prevention and treatment options.

Social welfare administration: Involves managing resources and providing services, such as screening and treatment, to prevent thalassemia and improve overall health outcomes.

Social work research: Involves conducting research to assess the effectiveness of interventions and identify areas for improvement in thalassemia prevention and treatment programs.

BACKGROUND

Thalassemia is caused by mutations in the genes that control the production of haemoglobin, a protein that carries oxygen in the blood. There are two types of thalassemia: alpha thalassemia and beta thalassemia. The disease is most common in populations from the Mediterranean, Middle East, and Southeast Asia. Consanguineous marriages are a significant risk factor for thalassemia, and awareness about the genetic risks is critical in preventing the disease.

RESEARCH METHODOLOGY

Conceptual Research study

TYPE OF RESEARCH

On Desk Research

CONCLUSION

Thalassemia is a global health problem that requires a collaborative and interdisciplinary approach to prevent and manage the disease. Social work intervention can play a critical role in preventing thalassemia by raising awareness, providing support, and promoting early diagnosis and treatment of the disease. The paper presents various tools and methods for data collection and analysis to develop effective social work interventions for thalassemia prevention.

REFERENCES

1. World Health Organization. (2021). Thalassemia. https://www.who.int/news-room/questions-and-answers/item/thalassaemia
2. National Institute of Health. (2021). Thalassemia. https://www.nhlbi.nih.gov/health-topics/thalassemia
3. United Nations Development Programme. (2021). Sustainable Development Goals. https://www.undp.org/content/undp/en/home/sustainable-development-goals.html

4. International Federation of Social Workers. (2021). Global definition of social work. https://www.ifsw.org/what-is-social-work/global-definition-of-social-work/
5. Hematology.org. (2021). Types of Thalassemia. https://www.hematology.org/education/patients/blood-disorders/thalassemia-types

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HEALTHCARE AS A FUNDAMENTAL RIGHT: LANDMARK JUDICIAL PRONOUNCEMENTS AND IMPLICATIONS

Dr. Ketan Desai

Associate Professor, Parul Institute of Law, Parul University

E-Mail: ketan.desai24296@paruluniversity.ac.in

Contact No.: +919825467804

Ms. Aishvi Shah

Research Scholar (Assistant Professor) Parul Institute of Law, Parul University

E-Mail: aishvi.shah24063@paruluniversity.ac.in

Contact No.: +919558507611

ABSTRACT

This article discusses the question of whether healthcare should be considered a fundamental human right, and the implications of judicial pronouncements recognizing it as such. The article explores the arguments for and against recognizing healthcare as a fundamental right, and the ways in which such recognition has been implemented in different countries around the world. It also highlights the challenges and opportunities associated with ensuring access to healthcare for all, particularly in developing countries. Overall, the article argues that recognizing healthcare as a fundamental right is essential for creating a more just and equitable society, and that governments have a responsibility to ensure that healthcare is accessible and affordable to all. The article concludes by emphasizing the critical importance of healthcare as a basic human right, and the need for continued efforts to ensure that this right is upheld and protected.

KEYWORDS

Fundamental Rights, Healthcare.

INTRODUCTION

Sustainable Development Goal 3 which deals with good health and well-being has envisaged Health for all up to 2030.

The Constitution of India is the basic law of India; it aims to secure social, economic and political justice.

Right to health is not mentioned in the Constitution of India. The Constitution of India does not expressly guarantee a fundamental right to health. However, there are multiple references in the Constitution to public health and on the role of the State in the provision of healthcare to citizens.

Among the various rights under Indian Constitution, Right to Health is an important one. Development of the nation depends upon the healthy population. The basic law of the State safeguards individual rights and promotes national wellbeing. It is the duty of the State to provide an effective mechanism for the welfare of the public at large. Health is one of the most important factors in national development. It is a condition of a person's physical and mental state and signifies freedom from any disease or pain. Right to health is a vital right without which none can exercise one's basic human rights. The Government is under obligation to protect the health of the people because there is close nexus between Health and the quality of life of a person. There are various provisions under the Constitution of India which deal with the Health of the Public at large. The founding fathers of the Indian Constitution rightly inserted Directive principles of State Policy (DPSP) with a view to protect the health of the public at large. Health is the most precious prerequisite for happiness. Following are the important provisions in the Constitution of India for the protection of Right to Health.

Part III of the Constitution which deals with Fundamental Rights and the Directive Principles of State Policy in Part IV of the India Constitution provide a basis for the right to health[1].

Article 21. No person shall be deprived of his life or personal liberty except according to procedure established by law.

DIRECTIVE PRINCIPLES OF STATE POLICY – importance of public health

Article 38 - [(1)] The State shall strive to promote the welfare of the people by securing and protecting as effectively as it may a social order in which justice, social, economic and political, shall inform all the institutions of the national life.

2 [(2) The State shall, in particular, strive to minimise the inequalities in income, and endeavour to eliminate inequalities in status, facilities and opportunities, not only amongst individuals but also amongst groups of people residing in different areas or engaged in different vocations.]

Article 39 – A) that the citizens, men and women equally, have the right to an adequate means of livelihood;

B) Children are given opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity & that childhood and youth are protected against exploitation and against moral and material abandonment.

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1. https://www.orfonline.org/expert-speak/declaring-the-right-to-health-a-fundamental-right/

Article 42. The State shall make provision for securing just and humane conditions of work and for maternity relief.

Article 43. The State shall endeavour to secure, by suitable legislation or economic organisation or in any other way, to all workers, agricultural, industrial or otherwise, work, a living wage, conditions of work ensuring a decent standard of life and full enjoyment of leisure and social and cultural opportunities and, in particular, the State shall endeavour to promote cottage industries on an individual or co-operative basis in rural areas.

Article 47- The State shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties and, in particular, the State shall endeavour to bring about prohibition of the consumption except for medicinal purposes of intoxicating drinks and of drugs which are injurious to health.

(Source of Image: https://www.legalindia.com/right-to-health/)

In this present research, the researcher focused on the Constitutional provisions related with health and interpretation of these provisions by various courts of India and provisions under Sustainable Development Goal 3 on Good Health and well- being.

Fundamental Rights and Health: –

The DPSP are only the directives to the State. These are non-justifiable. No person can claim for non-fulfilling these directives. But the Supreme Court has brought the right to health under the preview of Article 21. The scope of this provision is very wide. It prescribes for the right of life and personal liberty. The concept of personal liberty comprehended many rights, related to indirectly to life or liberty of a person. And now a person can claim his right of health. Thus, the right to health, along with numerous other civil, political and economic rights, is afforded protection under the Indian Constitution.

The debate surrounding the implementation of the human right to health is fresh and full of possibility for the developing world. In fact, Indian has been able to create a legal mechanism whereby right to health can be protect and enforced. The early of 1970s, witnessed a water-

shed in human rights litigation with the *keshwanand bharti Vs State of kerala*[2] ushering in an unprecedented period of progressive jurisprudence following the recognition fundamental rights. At the same time standing rules were relaxed in order to promote PIL and access to justice. So, there were two developments in 1980s, which led to a marked increase in health-related litigation. First was the establishment of consumer courts that made it cheaper and speedier to sue doctors for medical negligence. Second, the growth of PIL and one of these offshoots being recognition of health care as a fundamental right. Through PIL the Supreme Court has allowed individual citizen to approach the court directly for the protection of their Constitutional human rights.

The Constitution guarantees some fundamental rights having a bearing on health care. Article 21deal with "No person shall be deprived of his life or personal liberty except according to procedure established by law." Right to live means something more, than more animal existence and includes the right to live consistently with human dignity and decency.

In 1995, the Supreme Court held that right to health and medical care is a fundamental right covered by Article 21 since health is essential for making the life of workmen meaningful and purposeful and compatible with personal dignity. The state has an obligation under Article 21 to safeguard the right to life of every person, preservation of human life being of paramount importance. The Supreme Court has in the case of *Parmanand Katra vs Union of India*[3], held that whether the patient be an innocent person or be a criminal liable to punishment under the law, it is the obligation of those who are in charge of the health of the community to preserve life so that innocent may be protected and the guilty may be punished.

Judicial Response: –

In Consumer Education and Research Centre v. Union of India[4], the Court explicitly held that the right to health was an integral factor of a meaningful right to life. The court held that the right to health and medical care is a fundamental right under Article 21. The Supreme Court, while examining the issue of the constitutional right to health care under articles 21, 41 and 47 of the Constitution of India in State of Punjab v Ram Lubhaya Bagga[5],observed that the right of one person correlates to a duty upon another, individual, employer, government or authority. Hence, the right of a citizen to live under article 21 casts an obligation on the state. This obligation is further reinforced under article 47; it is for the state to secure health to its citizens as its primary duty. No doubt the government is rendering this obligation by opening govt. hospitals and health centres, but to be meaningful, they must be within the reach of its people, and of sufficient liquid quality. Since it is one of the most sacrosanct and valuable rights of a citizen, and an equally sacrosanct and sacred obligation of the state, every citizen of this welfare state looks towards the state to perform this obligation with top priority, including by way of allocation of sufficient funds. This in turn will not only secure the rights of its citizens to their satisfaction, but will benefit the state in achieving its social, political and economic goals.

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2. Keshavanand Bharati versus State of Kerala (1973) 4 SCC 225
3. Parmanand Katra versus Union of India AIR 1989 SC 2039
4. AIR 1995 SC 63610927.pdf (sci.gov.in)
5. 1998) 4 SCC 177: AIR 1998 SC 1703

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Right to Health Care as a Fundamental Right: –

The Supreme Court, in Paschim Banga Khet mazdoor Samity & others versus State of West Bengal & others[6], while widening the scope of art 21 and the government's responsibility to provide medical aid to every person in the country, held that in a welfare state, the primary duty of the government is to secure the welfare of the people. Providing adequate medical facilities for the people is an obligation undertaken by the government in a welfare state. The government discharges this obligation by providing medical care to the persons seeking to avail of those facilities. Article 21 imposes an obligation on the state to safeguard the right to life of every person. Preservation of human life is thus of paramount importance. The government hospitals run by the state are duty bound to extend medical assistance for preserving human life. Failure on the part of a government hospital to provide timely medical treatment to a person in need of such treatment, results in violation of his right to life guaranteed under Article21. The Court made certain additional direction in respect of serious medical cases:

i. Adequate facilities be provided at the public health centres where the patient can be given basic treatment and his condition stabilized.

ii. Hospitals at the district and sub divisional level should be upgraded so that serious cases are treated there.

iii. Facilities for given specialist treatment should be increased and having regard to the growing needs, it must be made available at the district and sub divisional level hospitals.

iv. In order to ensure availability of bed in any emergency at State level hospitals, there should be a centralized communication system so that the patient can be sent immediately to the hospital where bed is available in respect of the treatment, which is required.

v. Proper arrangement of ambulance should be made for transport of a patient from the public health center to the State hospital.

vi. Ambulance should be adequately provided with necessary equipments and medical personnel.

Professional obligation to Protect Life of Accident Victims: – The Supreme Court in its land mark judgment in Paramanand Katara v Union of India[7] ruled that every doctor whether at a Government hospital or otherwise has the professional obligation to extend his services with due expertise for protecting life. No law or state action can intervene to avoid delay, the discharge of the paramount obligation cast upon members of the medical profession. The obligation being total, absolute, and paramount, laws of procedure whether in statutes or otherwise which would interfere with the discharge of this obligation cannot be sustained, and must, therefore, give way. The Court laid down guidelines for doctors, when an injured person approaches them.

Workers right to health care facilities: – The Supreme Court has recognized the rights of the workers and their right to basic health facilities under the Constitution, as well as under the international conventions to which India is a party. In its path breaking judgment in

6. **1996 SCC (4) 37, JT 1996 (6) 43**
7. 1989 AIR 2039, 1989 SCR (3) 997

Bandhua Mukti Morcha v Union of India[8], the court delineated the scope of article 21 of the Constitution, and held that it is the fundamental right of everyone in this country, assured under the interpretation given to article 21 by this court in Francis Mullin's Case to live with human dignity, free from exploitation. This right to live with human dignity enshrined in art 21 derives its life breath from the directive principles of state policy and particularly clause (e) and (f) of art 39 and articles 41 and 42. It must include protection of the health and strength of workers, men and women; and children of tender age against abuse; opportunities and facilities for children to develop in a healthy manner and in conditions of freedom and dignity; educational facilities; just and humane conditions of work and maternity relief. These are the minimum requirements, which must exist in order to enable a person to live with human dignity. No state, neither the central government nor any state government, has the right to take any action which will deprive a person of the enjoyment of these basic essentials.

In CESE Ltd v Subhash Chandra Bose[9], the court held that**,** the health and strength of a worker is an integral facet of the right to life. The aim of fundamental rights is to create an egalitarian society, to free all citizens from coercion or restrictions by society and to make liberty available for all.

The court, while reiterating its stand for providing health facilities in Vincent v Union of India[10]*,* held that a healthy body is the very foundation for all human activities. That is why the adage 'Sariramadyamkhalu dharma sadhanam. In a welfare state, therefore, it is the obligation of the state to ensure the creation and the sustaining of conditions congenial to good health.

Right to Health is a Fundamental Right*:* In CESC Ltd. vs. Subash Chandra Bose[11]**,** the Supreme Court relied on international instruments and concluded that right to health is a fundamental right. It went further and observed that health is not merely absence of sickness: "The term health implies more than an absence of sickness. Medical care and health facilities not only protect against sickness but also ensure stable manpower for economic development. Facilities of health and medical care generate devotion and dedication to give the workers' best, physically as well as mentally, in productivity. It enables the worker to enjoy the fruit of his labour, to keep him physically fit and mentally alert for leading a successful economic, social and cultural life. The medical facilities are, therefore, part of social security and like gilt edged security, it would yield immediate return in the increased production or at any rate reduce absenteeism on grounds of sickness, etc.

Environment Pollution is linked to Health and is violation of right to life with dignity:

In Consumer Education and Research Centre vs. Union of India[12], Kirloskar Brothers Ltd. vs.

8. 1984 AIR 802, 1984 SCR (2) 67
9. 1992 AIR 573, 1991 SCR Supl. (2) 267
10. 1987 AIR 990, 1987 SCR (2) 468
11. 1992 AIR 573, 1991 SCR Supl. (2) 267
12. 1995 AIR 922, 1995 SCC (3) 42

Employees' State Insurance Corporation[13], the Supreme Court held that right to health and medical care is a fundamental fight under Article 21 read with Article 39(e), 41 and 43.

In Subhash Kumar vs. State of Bihar[14], the Supreme Court held that right to pollution- free water and air is an enforceable fundamental right guaranteed under Article 21. Further, in M.C. Mehta vs. Union of India[15], Rural Litigation and Entitlement Kendra

v. State of U.P[16], Subhash Kumar vs. State of Bihar[17], the Supreme Court imposed a positive obligation upon the State to take steps for ensuring to the individual a better enjoyment of life and dignity and for elimination of water and air pollution.

Duty of all concerned Governments to ensure that the benefits of the Scheme reach the intended beneficiaries:

In Peoples Union for Civil Liberties V/s. Union of India & Others[18], the Supreme Court held that *"All concerned Governments are directed to regularly advertise the revised scheme so that the intended beneficiaries can become aware of the scheme.*

In this case there was a PIL by the petitioner questioning legality of the discontinuation of the benefit under the NMBS (National Maternity Benefit Scheme) due to introduction of JSY (Janani Suraksha Yojana). - Hon'ble SC held that No Scheme in particular shall be discontinued or restricted in any way without prior approval of the Court. - Further It shall be the duty of all the concerned to ensure that the benefits of the scheme reach the intended beneficiaries.

The right to health would include the right to access government (public) health facilities and receive a minimum standard of treatment and care:

In Laxmi Mandal versus Deen Dayal Harinagar Hospital & Others[19] the petitions were filed in the Delhi High Court under Article 226 of the Constitution (original jurisdiction of High Courts). The issues to be decided by the High Court were about the protection and enforcement of the basic, fundamental and human right to life under Article 21 of the Constitution.

The court held that the schemes such as the Janani Suraksha Yojana (JSY), National Maternity Benefit Scheme (NMBS), Integrated Child Development Scheme (ICDS), etc. were aimed at improving maternal and child health including by providing food and nutrition to the mother and child alike. These schemes demonstrated the indivisibility of human rights as enshrined in the Constitution of India. The Court also held that these schemes were a response by the state in keeping with its constitutionally envisaged role of a welfare state.

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13. JT 1996 (2), 159 1996 SCALE (2)1
14. 1991 AIR 420, 1991 SCR (1)
15. (1987) 4 SCC 463, AIR 1988 SC 1037
16. 1985 AIR 652, 1985 SCR (3) 169
17. 1991 AIR 420, 1991 SCR (1) 5
18. Writ Petition (civil) 196 of 2001
19. W.P.(C) 8853/2008 In the High Court of Delhi

Other important Judicial Decisions:

- The Constitution Bench of the Supreme Court in Navtej Singh Johar and others Vs. Union of India[20] (2018) 10 SCC 1, upon survey of previous case law held that right to health and health care is one of the facets of right to life under Article 21 of the Constitution of India. It was held that "the right to life is meaningless unless accompanied by the guarantee of certain concomitant rights including, but not limited to, the right of health. The right of health is understood to be indispensable to a life of dignity and well-being, and includes, for instance, the right of emergency medical care and the right to the maintenance and improvement of public health".

  The Supreme Court in Association of Medical Super-specialty Aspirants and Residents and others versus Union of India[21] held that the primary duty of the State is to "provide all facilities to make right of a citizen to secure his health meaningful." The relevant discussion is to be found in paras 25 and 26 of the judgment, which are reproduced hereunder: -

It is for the State to secure health to its citizens as its primary duty. No doubt the Government is rendering this obligation by opening Government hospitals and health centres, but in order to make it meaningful, it has to be within the reach of its people, as far as possible, to reduce the queue of waiting lists, and it has to provide all facilities to employ best of talents and tone up its administration to give effective contribution, which is also the duty of the Government.

Right to health is integral to the right to life. Government has a constitutional obligation to provide health facilities 21. The fundamental right to life which is the most precious human right and which forms the ark of all other rights must therefore be interpreted in a broad and expansive spirit so as to invest it with significance and vitality which may endure for years to come and enhance the dignity of the individual and the worth of the human person. The right to life enshrined in Article 21 cannot be restricted to mere animal existence. It means something much more than just physical survival. The right to life includes the right to live with human dignity and all that goes along with it, namely, the bare necessaries of life such as adequate nutrition, clothing and shelter, and facilities for reading, writing and expressing oneself in diverse forms, freely moving about and mixing and commingling with fellow human beings. Every act which offends against or impairs human dignity would constitute deprivation pro tanto of this right to live and the restriction would have to be in accordance with reasonable, fair and just procedure established by law which stands the test of other fundamental rights."

- In Mohammad Rafiq CJ & Atul Sreedharan JJ Suo Motu versus Union Of India[22], the Madhya Pradesh High Court held that the State Government should work out the modalities for ensuring that patients from Below Poverty Line families having BPL Cards under Deendayal Antyodaya Upchar Yojana and those having Ayushman Cards and CGHS coverage facilities are not dishonored by the Hospitals/Nursing Homes if they are approved for their treatment.

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20. WRIT PETITION (CRIMINAL) NO. 76 OF 2016 In the Supreme Court of India
21. WRIT PETITION (CIVIL) No. 376 of 2018 In the Supreme Court of India
22. WRIT PETITION (CIVIL) No. 376 of 2018 In the Supreme Court of India

CONCLUSIONS

The question of whether the right to healthcare is a fundamental right is a complex and controversial one, with different perspectives and arguments from various stakeholders.

On one hand, some argue that access to healthcare is a basic human right, necessary for the maintenance of health and wellbeing, and essential for the realization of other rights. They believe that governments have a responsibility to ensure that healthcare is accessible and affordable to all, regardless of their ability to pay.

On the other hand, others argue that healthcare is not a fundamental right, but rather a commodity that can be acquired through market forces. They contend that healthcare should be provided through private insurance, and that individuals should be responsible for their own healthcare needs.

Despite these differences in opinion, many countries around the world have recognized healthcare as a fundamental right, enshrining it in their constitutions and establishing universal healthcare systems. Such systems aim to provide affordable and accessible healthcare to all citizens, regardless of their socio-economic status.

In conclusion, while there may be different opinions on whether the right to healthcare is a fundamental right, it is clear that access to healthcare is essential for the maintenance of health and wellbeing, and should be a top priority for governments around the world. Ultimately, ensuring access to quality healthcare for all should be seen as a fundamental human right, and a critical component of a just and equitable society.

The judicial pronouncement of healthcare as a fundamental right has been a significant development in the legal recognition of access to healthcare as a basic human right. This recognition has led to a number of important implications, including the obligation of governments to ensure that healthcare is accessible and affordable to all citizens, regardless of their socio-economic status. It has also led to the establishment of universal healthcare systems in many countries, aimed at providing quality healthcare to all. However, challenges remain in implementing and enforcing the right to healthcare, particularly in developing countries with limited resources. Nevertheless, the recognition of healthcare as a fundamental right by the judiciary represents an important step forward in the global effort to ensure universal access to healthcare, and underscores the critical importance of healthcare as a basic human right.

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A CASE STUDY OF A PERSON LIVING WITH HIV/AIDS: SOCIAL WORK PERSPECTIVE

RASHMI RAJAK, PHD SCHOLAR
UNDER THE GUIDANCE OF DR. CHRISTINA PARMAR
FACULTY OF SOCIAL WORK
PARUL UNIVERSITY, VADODARA, GUJARAT
Email:- rash1996rj@gmail.com
Contact No.:- 7698654963

ABSTRACT

There are millions of people living with HIV/AIDS in India. They all have their own ways of accepting it or fighting with it especially in the country like here where it is not widely accepted in every segment of the society.

This case study describes an overall experience of a youth from Surat, Gujarat who was born with HIV but could know his HIV status at the age of 22. After his father's death at his very young age, his health started deteriorating and after several body tests at a government hospital he got diagnosed with HIV. On his very first reaction, he was lost but later he got strong enough to fight with it and stand strong towards the societal perspective.

Such case stories are presented to give different views and understanding about the life of People Living with HIV/AIDS, to make aware of certain misconceptions related to HIV/AIDS, to create positive responsibility of the society to such vulnerable section of the society to let them too live a stigma and discrimination free life. Case studies, stories and experiences on/of the life of People Living with HIV/AIDS can be used to motivate, encourage, empower and provide knowledge benefiting community and society as a whole. Studies which can motivate the HIV community to focus on their Prevention and Adherence are really in need.

The story mentioned about the client here is open with his identity in the HIV community and has agreed to use his name with his whole consent.

KEYWORDS

HIV/AIDS- *Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome*; **Social Intervention-** *an action that involves a deliberate intervention* ; **Counselling-** *professional*

advices and help given to people with problem; **People Living with HIV/AIDS-** *infants, children, adolescents and adults who have been infected with the Human Deficiency Virus and AIDS Immune Deficiency Virus*; **Prevention-** *refers to the practices that aim to stop the spread of Human Immunodeficiency Virus.*

INTRODUCTION

HIV refers to **Human Immunodeficiency Virus** which causes infection in the human body, weakening its immune system and its advanced stage leads to AIDS i.e.-**Acquired Immuno Deficiency Syndrome.** The people who are infected with the HIV/AIDS called as **People Living with HIV/AIDS (PLHIV/PLHA).**

Acquired Immunodeficiency Virus was firstly reported in US in 1981. By 1983 HIV, the virus that causes AIDS has been isolated.

The first case of HIV in India was detected in 1986, in Madras among sex workers, the virus then spread rapidly across the nation. The National Institute of Virology, Pune, and the Christian Medical College, Vellore, started 'screening operations' in 1987 on the recommendations of AIDS task force of Indian Council of Medical Research, New Delhi.

If a Person Living with HIV/AIDS feels comfortable to share his HIV status in a public domain then he/she will be also termed as open with identity. He/she shares their success stories, their overall life's challenges, discrimination and how they overcame this and how they have become the voice of 1000 people living with HIV/AIDS.

Worldwide, 40million plus people are infected with the virus called HIV, and 5 million (approximately) people are receiving the new infections each year. Sub Saharan Africa represents a disproportionate number of HIV cases with approximately 26 million persons infected. The frequency of HIV is highest in several African countries, including South Africa-18.8%, Zimbabwe-20%. One quarter of 1.2mln HIV-infected individuals in US are unaware of their HIV status

Looking up to the scenario, the government of India took the first step towards combating HIV and hence various screening centres were established and initiatives were taken. Later on in 1992, National Aids Control Programme (NACP) was initiated to coordinate the national responses of surveillance, blood screening details and programs of health education.

However, the beginning of 1990 witnessed a sudden hike in the number of HIV cases, triggering the setup of National AIDS Control Organization (NACO), by the government of India. The NACO was delegated with the responsibility of formulating, implementing and monitoring policies concerning prevention and control of HIV/AIDS in the country with different strategies. Under NACP, administrative and technical basis for programme management and State AIDS Control Societies (SACSs) were established.

There exists an inextricable link between human rights, gender, and HIV and AIDS. Men encounter more opportunities, owing to their indulgent and risky behaviour, to contract and transmit HIV. The right to make safer and informed decisions is still not seen as the prerogative of women and girls. Social restrictions also contribute to lesser healthcare for women, girls,

and children. Women risk violence, abandonment, neglect of health and material needs, destitution, and community ostracism.

Violations of rights may worsen the impact of HIV, increase vulnerability, and hinder positive responses to the epidemic.[4] A rights-based approach to HIV requires enabling, empowerment, and protecting people living with HIV so that they can live and thrive with dignity. Today, the majority of countries (89%) explicitly acknowledge human rights in their national AIDS strategies, with 92% of countries reporting that they have programmes in place to reduce HIV-related stigma and discrimination.[1]

The greater involvement of people living with HIV and AIDS (GIPA) principle encourages the active involvement of people living with AIDS in policy-making, and in the development and implementation of programmes. Activities such as training and supporting people living with HIV as public speakers, educators, and counsellors have helped to reduce stigmatisation.

There is an urgent need to strengthen the response towards HIV among women. Rather than placing the onus of prevention on women, programmes must address the gender issues related to HIV and AIDS, at the socio-cultural and structural level. National AIDS Control Organisation III (NACP III) plan document reflects an understanding of such issues.

WHAT IS CASE STUDY?

A case study is an in-depth, detailed examination of a particular case within a real-world context. It is also used as a research method to gain better and un- biased understanding of a subject or a process. Such case studies can extend experience and add strength to the existing theories.

Likewise this case study will help us to understand the life of a Person Living with HIV/AIDS and the trouble they suffer through out their life.

REVIEW OF LITERATURE

Journey from victim to a victor—a case study of people living with HIV and AIDS, 2012

AS Kushwaha[*,*] and Minaxi Kumkar[†,] the study reflects the life of a Person suffering from the virus and how they sustain into his/her life.

INTERACTION PROCESS WITH THE PERSONNEL

This Case study belongs to Mr. Bhautik Zankhariya, who is currently working as a PLHIV Youth Leader at State Level (Gujarat) and inspiring hundreds of Youth Living with HIV/AIDS.

Mr. Bhautik is a resident of Surat-Gujarat, he was born in Surat in a middle class joint family and currently his family consists of four people- he himself, his mother, his wife and younger brother. His father died in 1999 when he was 5 years old. His mother had to suffer a lot because of the joint family and being single parent of two children. Somehow, Bhautikbhai could complete his studies in Surat and got graduated with B.Com, He wanted to study further but his

responsibilities didn't allow him to educate himself But Bhautikbhai's life was not just destined to complete his Bachelor Course and do Bank or some accountant job.

Till then, everything was as usual but one day he realised that his health was compromised since weeks and had getting several health issues in a consecutive manner which is not that normal to him as compare to other children of his age and started suffering physical as well as mental health deteriorating factors and then when he was in his village enjoying last vacation of his educational life, suddenly he felt down from his bicycle and his nervous system stopped functioning making him complete unconscious. He was taken to the hospital, the Doctor firstly said that as his body does not has the required amount of Potassium Acid he went unconscious but looking up to the other health factors, several tests were advised and later it was found out that Bhautikbhai is diagnosed with HIV.

When the test reports were shared with Bhautikbhai, he was stunned with all of dilemma and negativity about his life and future and couldn't stop himself of wandering that how he got HIV infection and continuous thoughts about being infected, he couldn't figure out why and how he will survive his whole life with HIV Positive tag throughout his whole life. He was completely depressed and was losing hope to live his life. It went for some time continuously which has put him into an imbalanced mental state but then he looked at his mother who had bear number of difficulties and challenges in her life just to make his both sons live a long and healthy life and then he got some courage and began his new journey for his new life accepting himself as HIV Positive.

Later after some days, his Aunt, who was working there at Rajkot Civil Hospital as a nursing staff, gave his HIV Positive Report to him and said that your Father was HIV Positive, who transmitted virus to your mother and you were HIV Positive by born and his father was also died because of AIDS and due to societal stigma and discrimination she kept this secret to herself only. This whole sharing had shocked Bhautikbhai to another level, he started thinking that the society will start looking at him differently and this happened as well, his neighbours hidden gossips made him putting him into a big, deep dark, hole of his life, which took him weeks to learn to avoid them and stay strong and without losing hope and courage he decided HIV Test for his younger brother too, thinking let these experience in one time only, later which relieved him a bit as his brother's test was HIV-Negative.

Sooner and after, his medicine started from Smimmer Hospital, Surat (ARTC- Antiretroviral Therapy Centre). To sustain his family's livelihood, he started working in the Bank in 2012, but when his Bank Manager and colleagues came to know about his HIV status they started to stigmatize and discriminate him, and no support, guidance was provided to him, and which forced him to resign from the post and the things became as usual to him once again.

Later, his parents thought of him getting married and he got informed by his ARTC about the Marriage Bureau organized by GSNP+ (Gujarat State Network of People Living with HIV/ AIDS, Surat), it is a community-based organization working for HIV community since 2003. He went to the Marriage Bureau in the month of Dec2016, for the first time where the parents, guardians, friends of the HIV positive boys and girls had gathered from across Gujarat, Maharashtra, Chhattisgarh, Haryana, Punjab, Delhi, Rajasthan, Karnataka and many other

states which was a mesmerizing experience of him seeing hundreds of young People Living with HIV/AIDS at one platform, where he also came in contact with Mr. Rasikbhai Bhuva and Ms. Daxaben Patel, Board members of GSNP+, counselled him and make him overcome his negative feeling of being HIV positive. After several conversations and meetings, with the thought of motivating him, they offered work opportunity to him and being a community member, he will get a chance to serve and work with/for the community members. Mr. Bhautik took it as great opportunity and started to work in 2020 at GSNP+.

Working in the organization, Bhautik could develop various skills and capacities within himself and now he stands at a platform whereas a youth he can put forward the voice of thousands of youth suffering from the virus and want to do the betterment of the community.

And next time when he attends the Marriage Bureau organized by GSNP+, in 2020 he found his Life partner- Ms. Purnima (name has been changed to maintain confidentiality). Ms. Purnima is also HIV Positive from birth, belongs to Dehradun, Uttarakhand. With Family's consent and no objection regarding caste, religion, language, they got married.

Bhautikbhai and Purnimaben takes their medicine every day on time and lives a happily married life.

AWAKENING FROM THE CASE STUDY

Bhautikbhai, hailing from a poor background, having only his mother to raise him up, and a ruthless childhood, manages somehow his education and at an early age of adulthood gets infected with the virus and get to know that he was born with it. The fear of having his younger brother the same situation in his life and struggling with the same societal discrimination, stigma and such challenges breaks him completely but for the sake of himself and his family he turns strong and gets determined for the betterment of his life. He could not have attained the right path without the positive attitude towards himself, his life, his education, received societal and medical assistance in every possible ways. It took him months and year of dedication to step towards achieving positivity through his status of being from the HIV Community, now he himself is a voice for many youths across India, suffering from the infection in many ways. He tries his level best to aid those people in need and provide the best possible solutions and recommendations further.

Such studies reflects that the person though they have suffered a lot into their life, have been discriminated or stigmatized or have faced poverty but with proper care, guidance, attention and medical support they can lead a positive, health life and can contribute a lot back to the society. A great difference can be made to the life of a HIV-positive by small efforts from the society and changes the whole societal perspective.

REFERENCE

1. CR Kothari, Research Methodology, 2007
2. Mallicka Guppta, Sai Chandan Das, Journal of Family Medicine and Primary Care, 2019,

Volume-8, Issue-5, Pages 1720-1724

3. Mukesh Shukla, Indian J Community Med. 2016 Jan-Mar; 41(1): 55–6
4. Ram Shankar Singh, Sunil Kumar, AIDS and Education: Issues and Challenges, 2011
5. https://www.cdc.gov/hiv/basics/whatishiv.html
6. https://pubmed.ncbi.nlm.nih.gov/24623917/
7. https://www.researchgate.ned/publication/263779626_Some_Case_Studies_of_AIDSHIV_Patients_in_India
8. https://en.wikipedia.org/wiki/Social_interventionism

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WOMEN'S EXPERIENCES OF MENTAL HEALTH

Ms. Trusha Barot
Ms. Shivani Kansara
Parul Institute of Social Work
Parul University
Vadodara, Gujarat (India)

INTRODUCTION

The 'Out of Silence – Women's mental health in their own words' project aimed to document women's experience of mental health in Ireland. Women's experience of mental health and wellbeing has been largely absent from the broad discussion of mental health in Ireland, which has primarily centred on issues for young people and the high rates of male suicide. The limited attention paid to women's mental health has focused on mental wellbeing directly before and after birth, diminishing the different experiences of women throughout their lives.

This project, comprising conversations with more than a hundred women across Ireland, seeks to fill an important evidence gap, illustrating women's direct experiences of wellbeing and mental health. Often we look to personal stories as ways to open up understanding of an issue which has been kept silent. The foregrounding of women's voices in this project directly aligns with NWCI's values to frame our policy work around the experiences of women, to foster solidarity between women and to acknowledge the intersectionality of women's inequality with other inequalities related to class, ethnicity, sexual orientation and other identities.

Because of the impact of social determinants on health, in NWCI we believe that when we look at women's mental health we must simultaneously look at the structural inequalities which women face and which negatively impact their mental health. We must understand how health fits within the context of women's lives. As a result, any examination of women's mental health needs must reflect that women are more likely to be poor, to parent alone, to be the main provider of unpaid care work, to experience racism and discrimination, to be in precarious employment earning low wages and to be at risk of domestic or sexual violence.

Within the conversations, women provided an insight into their personal experiences of mental health. Research shows that gender differences exist not only in relation to the kinds of mental health problems experienced by women and men, but also in their patterns of help seeking and treatment.

MENTAL HEALTH DIAGNOSES

Women's experiences of anxiety and depression were a recurring theme in the conversation groups. Women are affected by depression at twice the rate of men, and women are more likely to experience anxiety. Participants felt that a large percentage of women were experiencing depression, anxiety and panic attacks.

"Women are suffering anxiety in very high rates – see the amount of women with panic attacks. I think it comes from being everything to everyone"

Women also felt their symptoms were often dismissed, not taken seriously, or mistreated. These experiences reflect research which shows that women and men seek and receive treatment for mental health difficulties in different ways - women are less likely to receive specialist care and twice as likely to be prescribed psychotropic drugs. Women believed that there was an over-reliance on prescribing medication and lack of access to counselling and talking therapies.

"My mam would suffer from depression and instead of talking to her and giving her help, they just kept giving her tablets"

One participant also highlighted the issue of Borderline Personality Disorder (BPD). This diagnosis predominantly impacts women, with a 3:1 female to male ratio. In her experience, women with this disorder are often ignored and links between personality disorders and past trauma are not investigated. 80% of people with a diagnosis of BPD have a history of trauma.

"Illnesses such as borderline personality disorder impact women more and are dismissed, not treated…it is hugely linked to trauma, which no one wants to talk about"

STIGMA AND ISOLATION

Women in the conversations discussed the silence and shame that can surround mental health. As highlighted previously, women face additional stigma when they fear that their caring/ parenting abilities may be judged.

"Embarrassment and shame is a key reason why we [women] don't tell people how we feel"

Some of the migrant women's groups shared by Cairde particularly highlighted the issue of stigma. The African women's group discussed the association between mental health issues, madness and witch craft. The Muslim women's group felt that mental health issues can be viewed as a sign of weakness, and they would be labelled as 'crazy'.

"Like, if our people know that I am suffering from mental health or something like that, they might stay away from me, or look down on the family and put a stigma on me"

Migrant women felt that issues such as language barriers and living away from family support networks led to feelings of isolation. This reflects the findings in Cairde's Ethnic Minorities and Mental Health in Ireland report43 that shame, together with isolation and exclusion, were the most challenging barriers ethnic minority communities face when dealing with mental health issues in Ireland.

"I would say isolation. Often times you have women who are foreign to Ireland, does not speak the language and is living far from the centre, they would be lonely, and wouldn't obviously

have family members here so I think isolation would cause different types of problems and demotivate them to seek help"

Women highlighted the impact loneliness and isolation can have on their mental health. The rural women and migrant women's groups appeared to be particularly impacted by this issue. Loneliness has been associated with a number of mental health conditions, including anxiety, depression and a more critical view of self. It has also been linked with cognitive decline and dementia in older people. Older women participants talked about living alone, loss of a partner or marital breakdown, lack of community and lack of rural transport as issues that compound their loneliness and isolation.

"I live on my own and it can be very lonely. Sometimes you can feel like you're going a bit mad…it can be hard to make friends, especially in a rural area"

SELF-HARM AND SUICIDE

Self-harm and suicide were raised a number of times in the conversations. Women felt selfharm was a significant problem, particularly for young girls. They also highlighted that women's suicide attempts were not taken seriously and very little follow up supports were on offer. An Irish study has shown the incidence of attempted suicide was higher among women. In 2016, the female rate of self-harm was 24% higher than the male rate. 3 The highest rates of self-harm were amongst young women (15-19 year olds) - one in every 131 girls in this age group presented to hospital as a consequence of self-harm.

"Women are seen as crying wolf, their suicide attempts are dismissed"

Traveller women highlighted the alarming rates of suicide in their own community – 5 times higher than settled women. They emphasised the need for respectful, accessible and culturally appropriate services, particularly for young Traveller women.

"Usually we [society] don't give young girls their voice on mental health…you can wake up other people to the importance of keeping an eye on people with these experiences"

REFEREANCES

1. Harvey, B. and Walsh, K. (2016) Loneliness and Ageing, Ireland, North and South. Institute of Public Health.
2. Corcoran, P., Keeley, H., O'Sullivan, M. and Perry, I. (2004) 'The incidence and repetition of attempted suicide in Ireland', European Journal of Public Health, 14 (1): 19-23.
3. Griffin, E., Dillon, C., Arensman, E., Corcoran, P., Williamson, E. and Perry, I. (2017) National self-harm registry Ireland Annual Report 2016. National Suicide Research Foundation.
4. All Ireland Traveller Health Study Team (AITHS) (2010) All Ireland Traveller Health Study: Summary of Findings 4

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A STUDY OF SUSTAINABLE DEVELOPMENT AT SURENDRANAGAR DISTRICT IN REFERENCE TO UNITED NATION'S S. D. GOAL "HEALTH"

Dr. Nikul V. Ladva

Parul Institute of Social Work

Parul University

Vadodara, Gujarat (India)

ABSTRACT

According to S.D. Goal 3: "Ensure healthy lives and promote well-being for all at all ages" has recognized priority throughout the word during COVID-19 pandemic caused a lot suffering to mankind. The pandemic has severely disrupted essential health services, triggered an increase in the prevalence of anxiety and depression, lowered global life expectancy, and halted two decades of work towards making health coverage universal.

Various Targets such as reduction of one third premature mortality, ensure towards universal access to health-care services, achievement of universal health coverage, development of vaccines and medicines, substantially increase health financing and development of the health workforce etc. With practical ground reality, if the nearest health centers are competent enough to cater to the needs of local patients, then there is no need to put pressure on the already overloaded big centers for simple ailments which can be done by completion of above mentioned targets.

As my area of residence as well as research, I have always found the District Hospital of Surendranagar is unfortunate enough in this regard due to lack of resources, manpower and infrastructure.

- *Firstly, many operations cannot be performed here due to deficient proper instruments. Moreover, the process of procurement of the resources such as trained staff and various high end equipment has been made too much cumbersome by the Govt. to avoid corruption creates tedious and lengthy which is ultimate reason for high medical staff turnover.*
- *Another issue related to health is, despite of several nationwide cleanliness drives general public awareness regarding cleanliness in surrounding environment is too poor such as healthy habits like washing hands.*

- *Besides these, negligible cooperation of public with the Govt. efforts for sanitation and hygiene, poor literacy rate, lack of general awareness regarding own health among rural and backward class, Agriculture as prime means of livelihood are leading to poor health status of public as per my research.*

KEYWORDS

Health, Hygiene, WASH, Sustainable development Goal, Rural area.

INTRODUCTION

Surendranagar is backward district of Gujarat. The District Hospital of Surendranagar, publicly familiar as Mahatma Gandhi Smarak General Hospital is meant to be a pioneer referral centre for all PHC, CHC, SDH, UHC of Surendranagar district. Being run by Govt of Gujarat it is meant to provide treatment for majority of ailments to all patients' especially poor, rural, socio-economically backward class absolutely free of cost. As a result, such patients living in distant rural places need not go to metropolitan cities every time for the tertiary level treatment. Moreover, this District Hospital of Surendranagar can act as a buffer to reduce the load of Tertiary Centres like Civil Hospital, Ahmedabad. If the nearest health centres are competent enough to cater to the needs of local patients, then there is no need to put pressure on the already overloaded big tertiary centres for simple ailments. The District Hospital of Surendranagar is unfortunate enough in this regard due to lack of resources, manpower and infrastructure. The staff at DH, Surendranagar is deficient since many years. The vacant seats at this hospital are either not filled up by the Govt authorities or already appointed staff intends to shift to big cities due to personal needs. Hence, seats remain unoccupied most of the times. Lack of proper trained staff results in deficient resources which are usually provided only when there is proper utilization due to full occupancy of trained medical staff. For example- CT scan machine at DH Sunr is lying in debilitated condition due to lack of Radiologist.

The ultrasound machine is also being sealed under PNDT Act due to lack of Radiologist. Many operations cannot be performed here due to deficient proper instruments. The processs of procurement of the resources has been made too much cumbersome by the Govt to avoid corruption. However, this tedious and lengthy process is also a major reason behind poor hospitality of DH, Sunr. Surendranagar city as such is an underdeveloped place which is unable to provide good recreation to staff and good education alternative to the aspiring kids of the medical staff. Therefore, staff wants to get shifted to metropolitan cities which cater to the needs of their families. Expensive treatment in private especially corporate sector Large population not under control, resources are not in proportion to the number of patients.

Doctor to patient ratio is poor (This gives us an arbitrary number (80%) of 10.41 lakh doctors currently practicing in India, which is a doctor: patient (D:P) ratio of 0.74:1000, for a population of 1.40 billion (140 crores) as of December 2021. The WHO recommendation is a minimum D:P. ratio of 1:1000. Qatar has the highest D:P)

Medical education still not reached up to the demand National health programmes implementation need to be reinforced Despite of several nationwide cleanliness drives general public awareness regarding cleanliness in surrounding environment is poor Surendranagar is a drought prone area hence people are forced to drink any type of water because of acute shortage of water Cooperation of public is also equally important along with the Govt efforts for sanitation and hygiene Covid showed lack of pre planning of Govt to improve health of pubic in whole.

Major expenditure of Govt budget is focused on military and health expenditure is very less accruing to GDP. Govt awoke lately when Covid was established with full vigour in the society Besides this, several other factors can lead to poor health status of public. These factors may include poor literacy rate, lack of general awareness regarding own health among rural and backward class. the prime means of livelihood is agriculture, majority of public resides in villages and dependent on agriculture so they are unable to focus on their health.

About crisis of drinking water around glob, it is clearly said that 79 crore people do not get even the clean drinking water and lacks of people are being get into serious illness like typhoid due to the consumption of dirty water UN. If we look forward for long vision to year 2050, we could clearly that at that time world's population might be 9 to 10 billion and of course this figure pointing out towards the extreme crisis condition of consumable water resources.

There are several reasons for arising such crucial condition of consumable water crisis like

1. Climate change due to our technology revolution and industrial growth
2. Lacking of arrangements/scheme to overcome the consumable water crisis due to of course corruption in system 72% of total water resources of world is being consumed by only few countries named India, China, Pakistan, Iran, Bangladesh, Saudi, Indonesia and Italy.

Even as per resource from newspaper we came to know that there are lot many villages in Surendranagar district where people got the consumable water at regular frequency of almost half month (15 days) and Government authorities are getting more than 400 numbers of complaints for such kind of water crisis conditions. Even there are few villages named Sarla and Sujangadh, where people have to purchase the consumable water for drinking which is showing horrible situation of Surendranagar district. There is very well developed district named Rajkot nearer to Surendranagar, in which Vinchhiya named village is there. People living in Vinchhiya have to drink the water from watering hole (from where animal drink water). We as Surendranagar district comes at position of last number for count of trees, while Aanand district comes at position first.

So we should start to initiate reduce the waste of water from our home only, and then educate our family members, society people too. Ask all people to educate in chain system ahead. We should develop the underground tank for storage of water. We should be aware of healthy habits like washing hands etc.

METHOD

As per objectives of this study survey research method is utilized. This research is based more on primary data collection tools such as personal interview and questionnaire method.

FINDINGS

There are 66% of people shared their opinion that they do washing of hands only before having food.

- It is very much clear from above data that 100% of people really are aware about the 6 nos. of type's hand washing techniques and of course they are not following those techniques to wash their hands.
- It is very clear from above data that 64% of people said that they are not used to wash the hands/legs/face after coming home from office, market or visiting place, travelling through scooter, cycle.
- It is very clear from above data that 81.5% of people said that they do washing of hands by water only.
- It is very clear from above data that 81% of people said that they do not wash their hands by soap after touching the animals.
- It is very clear from above data that 84.5% of people said that they don't wear the CAP to protect or cover the head.
- It is very clear from above data that 58% of people said that they are doing normally First aid treatment their own or tied up bandage on injured part.
- It is very clear from above data that 66% of people said that they don't know how this corona virus gets spreader.
- It is very clear from above data that 84% of people said that they don't wear the mask while going outside in such pandemic situation of corona virus.
- It is very clear from above data that 86% of people said that they are not sanitizing the hands after touching any person or things while going outside.

Data shows that 68% of people said that they don't have any knowledge about Alcoholic sanitizer.

- It is very clear from above data that 92% of people have the awareness about the Nutrient Food.
- It is very clear from above data that 31.5% of people said that they are taking the Green vegetables in their nutrient food.
- It is very clear from above data that 64% of people said that they do have the Addiction. 29% of people said that they have the addiction of chewing hand mixed Tobacco.
- It is very clear form above data that 69% of people said that they have taken different kind of Vaccine in childhood.

- It is very clear from above data that 55% of people said that they have taken Polio vaccine in childhood.
- It is very clear from above data that 61% of people said that when there are vaccination program in their area and Staff Nurses are coming to their area for making them aware about vaccination
- It is very clear from above data that 84.5 % of people said that they are not aware about the diseases spreader by air insects.
- It is very clear from above data that 72% of people have shared their opinion that they have heard about the Non contagious diseases like Blood pressure, Diabetes, Heart diseases (Cardiac problem), Cancer. But they are not having much depth knowledge how it gets spread and prevention techniques.
- It is very clear from above data that 49% of people are not suffering from Blood pressure or Diabetes.
- It is very clear from above data that 82% of people said that they are not facing any physical or mental discomfort due to usage of mobile or internet.
- It is very clear from above data that 69% of people said that they are not aware.
- It is very clear from above data that 41% of people said that they are not facing any skin diseases about how skin diseases gets spreader and what are preventive actions.

As preventive actions against the skin diseases, people said that they are washing the hands & legs which got dirty after coming back from office or work and sometimes they get bath if find enough water. It is very clear from above data that 67% of people said that they are not aware about the root cause of Tuberculosis T.B Disease.

RECOMMENDATION

Researcher has planned various programs at backward and interior village of Surendranagar district given below.

- The public health sector can do several things, in collaboration with other sectors, to help ensure that investments in water supply and sanitation result in greater health impact. Public health promotion and education strategies are needed to change behaviors so as to realize the health benefits.
- School health programs offer a good entry point for improved health awareness.

CONCLUSION

It has been found that People of Rural, backward and inland area of Surendranagar district are very lack of health. These are mainly caused by lack of clean drinking water. They are not even aware about sanitation and basic knowledge of how to use the toilet. They still used go in the outskirt open area for the toilet. This is really a disaster in present time of technology and science. They are not aware at all about very basic things about to wash the hands before dinner

or lunch or eating anything. Researcher has seen these people even not wearing the mask on face in this present time of worldwide pandemic situation of Covid-19. Even these people are not aware about use of sanitizer and maintaining the social distance among the people. It is observed that people from rural area, are not having the basic needs of fresh clean water, health, hygiene and better education. That is really suits to our theme of Wash - Water sanitation health and hygiene.

REFERENCES

1. www.un.org/sustainabledevelopment/health.
2. Tamara Savelyeva, Stephanie W. Lee, Hartley Banack, (31 July 2019) SDG3.
3. Good Health and Wellbeing: Re-Calibrating the SDG Agenda (Concise Guides to the United Nations Sustainable Development Goals), Emerald Publishing Limited, ISBN-13:978-1789737127
4. Diatha Krishna Sundar, Shashank, Garg, Isha Garg (November 24, 2017) Public Health in India, Taylor & Francis eBooks, ISBN 9780815373339.
5. Bhavya Kumar Sahni, (2020) Public Health and Hygiene, Shri Chakradhar publication private limited.

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PUBLIC HEALTH IN INDIA : CHALLENGES, PRIORITIES, AND THE ROAD AHEAD WITH REFERENCE TO THE CASE STUDY OF PUBLIC HEALTH FOUNDATION OF INDIA (PHFI)

Dr. Jayalaxmi R.Mahanty*

Prof. (Dr.) M.N. Parmar**

Dr. Unnati Soni***

Parul Insitute of Social Work

Parul University

Vadodara, Guajarat (India)

ABSTRACT

The existing delivery of public health services has a glaring shortcoming because of the government's failure to increase funding and give public health a higher priority. The public health sector is now ineffective due to the rising cost of prescription medications, high out-of-pocket expenses, and systematic corruption, which have all had a negative influence on public health.

Access to reliable, useful, and implementable health information has been identified as one of the most crucial components in reaching the Sustainable Development Goals (SDGs). People commonly suffer from avoidable illnesses because they have limited access to basic medical care. Delays in deciding to get help, getting to the facility, getting the right care there, and having access to resources like hospitals, equipment, doctors, etc. Therefore, for developing countries with little resources, the decision-making process' duration is crucial.

By using the case study of the Public Health Foundation of India, this essay attempts to emphasise the issues and concerns facing the Indian healthcare system. I'm hoping this paper will serve as the starting point for several thoughtful and useful discussions on the issue.

KEYWORDS

Public health , health care system, hospitals .

INTRODUCTION

The government's failure to boost financing and give public health more priority is a glaring flaw in the way public health services are currently provided. The rising expense of prescription drugs, high out-of-pocket costs, and systemic corruption have all had a negative impact on public health and collectively have rendered the public health sector ineffective.

One of the most important factors in achieving the Sustainable Development Goals (SDGs) has been recognized as access to trustworthy, applicable, and implementable health information. People frequently experience needless illness because they lack access to basic medical treatment. Delays in making the decision to seek treatment, travelling to the facility, receiving the proper treatment there, and the accessibility of resources like hospitals, equipment, doctors, etc. Therefore, the amount of time it takes to make a choice is extremely important for emerging nations with limited resources.

The health of the population has significantly improved since Independence. However, a WHO report indicates that the situation is not significantly better. India's position on the global healthcare access and quality (HAQ) index has increased from 153 in 1990 to 145 in 2016, yet it still falls behind Bangladesh, Equatorial Guinea, and even sub-Saharan Sudan. India received a score of 41.2 out of 100 on the Global Burden of Disease study's Healthcare Access and Quality (HAQ) index, which was released on May 23, 2018, in the medical journal The Lancet. India's score is significantly lower than the global average of 54.4, which has increased by 16.5 points in 26 years. India is well behind its BRICS rivals Brazil, Russia, and China in terms of healthcare access and quality, despite recent gains.

Here are several obstacles facing the health care system that are problematic.

"Universal health coverage: everyone, everywhere" is the World Health Organization's (WHO) theme for World Health Day in 2018. The basic goal of Universal Health Coverage (UHC) is to give everyone access to healthcare without putting them in financial hardship or poverty. The data from the World Bank and the WHO are depressing. They estimate that around half of the 7.3 billion people living in the world cannot access the medical care they require and still do not have access to all of the basic medical services. As a result of a person's health-related expenses, countless households are forced into extreme poverty each year.

Although one of the 17 Sustainable Development Goals (SDGs) designated by the United Nations for eradicating poverty is UHC (Universal Health Coverage), the ground-level situation in India is dismal. Significantly, the private sector in India provides 70% of the healthcare. Between social classes, urban and rural populations, and geographic areas, there is a significant health difference. Even if India takes pride in being the world's centre for medical tourism, can it afford to give even the most basic treatment to the nation's most vulnerable and marginalized populations?

The National Rural Health Mission (NRHM), which was established in 2005, has played an important role in ensuring that the rural population has access to high-quality reproductive and child health care.

The COVID-19 pandemic has brought to light the critical role that public health policies play

in both the short-term prevention and control of infectious disease outbreaks as well as in promoting the long-term welfare of populations when those prospects are closely correlated with preventable co-morbidities. The epidemic also brought attention to health disparities and the necessity of addressing both physical and mental health holistically. Public Health Challenges will take the lead in tackling this change because this pandemic will have a significant impact on how public health is thought about and applied in the future.

In 2019, the World Health Organization (WHO) ranked ten risks to global health in order of importance and began a strategic strategy to address them. Air pollution and climate change, non-communicable diseases, the global influenza pandemic, fragile and vulnerable settings, antimicrobial resistance, Ebola and other high-threat pathogens, inadequate primary healthcare, vaccine hesitancy, dengue, and HIV are the ten main issues that will require work and a strong commitment from WHO and public health professionals around the world.

FOLLOWING WERE THE MAJOR CHALLENGES IDENTIFIED BY WHO

The first issue is the significant gap in the quality of healthcare services provided by the public and private sectors, which is caused by the fact that regulatory standards are not effectively developed nor implemented by the Indian government (even after 13 years since the beginning of the NRHM and subsequent National Health Mission). The Ministry of Health and Family Welfare (MOHFW) and the Indian Council of Medical Research must create tough legislation if India is to succeed.

Second, it is a big problem how quacks and conventional healers treat patients on a local level. This has to do with how few healthcare facilities and service providers there are in rural areas. To stop these frauds, the government has not created any legislation. It is appalling how much injury, morbidity, and mortality these treatments cause.

Thirdly, the bulk of our population has a serious issue with the cost of healthcare services. As a result of their substantial out-of-pocket medical expenses, they are poor. They also experience the negative effects of subpar medical care. Medical malpractice cases are increasing, and unethical nursing and medical practices are now being used.

The state governments have been given responsibility for health under the Seventh Schedule of the Constitution. As a result, the nation does not have a single model. All citizens have a fundamental right to get universal health coverage, according to the MOHFW. It has to start a large, compulsive, and propulsive propaganda campaign. By creating a system of financing health services, it should attempt to control unnecessary and avoidable healthcare spending while also ensuring access to necessary medications, technological advancements, and a wide range of qualified and devoted healthcare professionals.

OTHER CHALLENGES INCLUDE

Lack of infrastructure:

The neglect of rural populations in India's health system is a severe flaw. Urban hospitals serve as the foundation of this service. The urban bias is evident despite the vast number of PHCs and

rural hospitals. In rural areas, where 75% of the population lives, there are 31.5% hospitals and 16% hospital beds, according to health records.

Poor tribal member Dana Majhi brought his wife Amangdei to the Kalahandi district hospital in August 2016 for tuberculosis (TB) treatment, but Amangdei passed away. Dana Majhi was from one of the KBK districts [Koraput, Balangir, and Kalahandi] 2 of Odisha. Her body could not be transported back to the hamlet in an ambulance that the hospital could provide. In the end, Majhi travelled 16 kilometres while carrying her corpse. The local authority took notice of the occurrence and fired a male nurse and a security guard for carelessness. However, the hospital received a clean bill of health and was given the blame for the incident by the Chief District Medical Officer.

Many hospitals refused to perform a surgery to remove a dead pregnancy on expectant 22-year-old Saraswati in Chhattisgarh because her family was unable to pay the hospitalisation costs in advance. Her infection from carrying an eight-month-old dead for five days foetus was the cause of her demise 4.

Food was served to Palmati Devi on the hospital floor in Ranchi. She was first refused meals because she lacked utensils. She insisted on having food served to her on the floor. At a hospital in Anantpur, Andhra Pradesh, physically challenged patient Srinivasachary had to be hauled to the upper floors by his wife Srivani. Because there was no wheelchair or stretcher available, she was forced to make do. The government requested a probe.

These accidents are all not just the result of subpar medical care. They provide a wealth of information regarding the responsiveness—or lack thereof—of our healthcare system. Instead of treating the patients as human beings deserving of basic medical care and facilities, they are reduced to being merely cases.

Inadequate funds for Health:

Only 1% to 2% of India's GDP is allocated to healthcare. The investment in private healthcare brings the total spending to 4.5 percent.

For considerably less expensive private treatment, a huge number of foreign patients are also travelling to India. For paediatric heart surgery, liver transplants, etc., they primarily travel from the Middle East, Africa, Pakistan, and Bangladesh. It is ironic that although foreign nationals use our private healthcare facilities, its inhabitants are struggling with unmanageable healthcare costs.

Medical Professional Shortage

On August 29, 2016, a man's ailing son in Kanpur, Uttar Pradesh, passed away on his shoulder after being turned away from a Kanpur hospital. According to an IndiaSpend analysis of government data, India is short of nearly 500,000 doctors, based on the World Health Organisation (WHO) norm of 1:1,000 population. Such cases become visible when they receive social media and television attention, but millions cannot access India's overcrowded hospitals and inadequate medical facilities.

This report from a parliamentary committee on health and family welfare, which presented its findings to both houses of Parliament on March 8, 2016, cited the shortage of doctors as one of the health-management failures, with more than 740,000 active doctors at the end of 2014 - a claimed doctor-patient population ratio of 1:1,674 -- worse than Vietnam, Algeria, and Pakistan.

Lack of Resources

India's population was 38.2% below the poverty line in 2014. These folks receive their medical care only from public hospitals. Due to poor cleanliness and subpar treatment given by the professionals, patients sometimes present to hospitals with one sickness and leave with another.

The healthcare system in India is a complete mess. Over the previous two decades, public spending has increased, although only slightly—from 1.1% of GDP in 1995 to 1.4% in 2014.

The severe lack of human resources in India's healthcare sector is another issue. The World Health Organisation (WHO) recommends at least one doctor for every 1,000 patients, yet the country only has one for every 1,700 people. In other words, there are not enough doctors—about 500,000. If this gap is to be closed, the Medical Council of India (MCI) will have to revamp the entire medical school system, but that is a long way off.

Lack of Health Insurance

In India, where the public health system has failed, the vast majority of citizens lack health insurance. One of the main causes of people falling back into poverty is health shocks. While other nations like Thailand, Germany, and Japan have established successful healthcare systems by requiring some form of pre-payment and pooling resources, whether through taxation or insurance, India's efforts to expand coverage over the past ten or so years have largely failed. India's poor are especially susceptible as a result of the country's inability to create a model that works for it.

In a nation where the public health system has failed, the vast majority of individuals lack health insurance. The options are limited, even for those who can afford better. There isn't really an option because the majority of state-owned facilities are so poorly run. Private facilities may provide services, but when it comes to the poor, there are severe quality problems. Although there has been little actual movement, the administration has been talking about a deeper relationship with the private sector in the healthcare industry.

ROAD MAP TO IMPROVE HEALTHCARE SYSTEM:

- Put an emphasis on widespread surveillance of "vulnerable populations" and "at risk" groups for non-communicable diseases like cancer, diabetes, and hypertension.
- The introduction of the idea of occupational health physicians and nurses by creating post-graduate courses for the latter is required. A well-planned system and policy for monitoring occupational health disorders is also required.

- Supplying danger identification tools in industrial configurations.
- introduction of prevention-based health exams at outpatient departments of every government health facility; geographic coverage for endemic diseases.
- Setting up an efficient and organized referral system in the communities, offering all-inclusive services based on the primary healthcare model.
- Paying basic health professionals who work for population-based objectives.
- Infrastructure development and round-the-clock accessibility to medical professionals, especially in remote areas.
- Evening clinics to increase access to medical services
- Rewards for physicians and other medical professionals who work in rural areas.
- The availability of vehicles for the ambulance and doctor services in rural and isolated locations.

Increased Public Funding:

Healthcare should include parts of pro-preventive care in addition to medical care. Primary healthcare must be acknowledged as a non-excludable, non-rival good of the public. As a result, its supply and demand cannot be managed by the market's invisible hand. Sanitation, vaccinations, health education, and primary healthcare are examples of aspects of health that have significant positive and negative externalities and hence require public money to be delivered at levels that are best for society.

Governance:

While increasing public healthcare spending remains a significant component of the National Health Policy (NHP) 2017, it's important to understand that the Indian healthcare system's poor management, administration, and overall governance structure is one of its fundamental issues. The disparities in health indicators seen throughout the several states of India demonstrate the significance of management and governance structure. It has been observed that the states with stronger administration and greater capacity have used the National Rural Health Mission monies more efficiently than the states with less favourable starting circumstances. Our public management systems have become corrupted by perverse incentives as a result of years of bad governance and neglect.

Human Resources:

It is well known that India's public healthcare system is lacking in human resources. The issue at medical colleges is not just one of quantity, but also of educational quality. Rural areas are severely understaffed compared to urban areas, and the distribution of medical personnel is greatly unbalanced. This is because working in rural areas has various financial and non-financial disincentives, such as low pay, unfavourable working conditions, etc. In particu-

lar in the rural areas, the central government needs to concentrate on boosting the supply of physicians and medical personnel. There are two ways to accomplish it. One is via increasing medical education and training for healthcare professionals under the current system. The second is to broaden the system itself in order to certify and train new classes of paramedical workers with an emphasis on primary and preventative care for the public.

CSR - Key financial player

It is a convenient position to assume that the government will handle all issues. Companies have a lot of options for how to use the 2 percent required spending on health care. Businesses place a lot of emphasis on healthcare. The top 200 corporations in India according to a survey on sustainability and CSR spend about Rs 1369 crores on health and wellness. The focus of CSR expenditures on healthcare is about 24% of the overall. However, a large portion of funding is frequently allocated to health clinics, hospital construction, or hospital facility upkeep through donations. Health camps typically have a short-term focus and are motivated by numbers. Creating and operating hospitals frequently lacks proper planning.

Companies need to develop more ways to participate in CSR activities including healthcare in light of the aforementioned problems. We list a few areas where Indian businesses should sharpen their attention and focus:

1. Improving primary care: Primary care should be prioritised over tertiary care. Young people in the area should be taught how to counsel locals on straightforward therapies. Pharmacies could receive training to offer treatments for common illnesses. Additionally, they could assist with routine diagnostic procedures like blood pressure, pulse, and sugar checks. These will offer individuals access to affordable and effective healthcare.

2. Getting doctors to rural regions: Given that businesses already manage hospitals close to their facilities and have more resources at their disposal than the government, they may offer incentives to physicians to travel to remote or rural areas and deliver healthcare where it is most needed.

3. Increase number of doctors: more significantly, well-trained doctors are in limited supply in India. Businesses might help fund the medical education of gifted children. They could also collaborate with already-established medical institutions to upgrade teaching methods, expand their facilities, give students access to medical literature, etc.

4. Offer barefoot doctors: The idea of barefoot doctors has proven successful in China. Farmers operate within their local communities and receive basic medical and paramedical training. They are an addition to the traditional healthcare system. Companies could get involved in barefoot medical training and possibly hire them to work in remote areas.

5. Lowering the cost of treatment: Businesses actively participate in local communities. Companies could promote health insurance in a brand-neutral manner given the high expense of medical care, especially for the poor. To enable the delivery of relatively less expensive medicines, businesses can collaborate with pharmaceutical firms. By purchasing drugs collectively, businesses can further reduce costs.

6. Promote traditional medicine: AYUSH's traditional medicine systems need to be promoted because they can be a great complement to the current healthcare system. Businesses can do a lot to help these complementary healthcare systems.

7. Health check-up follow-up: Businesses heavily invest in health check-up camps. It is necessary to push the envelope further and monitor whether health camp outcomes result in people obtaining follow-up care.

8. Encourage non-mainstream illnesses: Both the government and businesses frequently emphasise diseases that have an impact on the physical body. Focusing on illnesses like autism and mental health is more important than ever.

Case Study of Public - Private Partnership Model - An Extended Arm of help

PUBLIC HEALTH FOUNDATION IN INDIA

An independent foundation with its headquarters in New Delhi, India, is known as the Public Health Foundation of India (PHFI). In order to strengthen the capabilities of public health professionals in the nation over a five- to seven-year period, the foundation was established as a public-private initiative and started in 2006. Under the direction of the Ministry of Health and Family Welfare and Prof. K. Srinath Reddy (President, PHFI and former Head of the Department of Cardiology, AIIMS), the PHFI project was established in collaboration over the course of two years.

It is the outcome of an original PPP (Partnership for Public Purpose) involving trans-disciplinary learning and multi-sectoral application.

In response to growing concern about the new public health issues in India, the Public Health Foundation of India (PHFI) was created. It acknowledges that filling the shortage of health professionals is essential for a sustained and comprehensive response to public health issues in the nation, which in turn necessitates addressing health care from both the social and scientific perspectives of who needs it most.

The PHFI concept was created over the course of two years in collaboration with a wide range of stakeholders, including Indian and foreign academia, state and federal governments in India, multi- and bi-lateral organizations, and Indian civil society organizations.

In order to increase public health capacity, the PHFI:

- establishing a network of new public health institutes in India;
- creating strong national networks and international research partnerships;
- developing policy recommendations and a strong advocacy platform;
- facilitating the establishment of an independent accreditation body for degrees in public health that are granted by training institutions throughout India; and
- assisting the expansion of current public health training institutions.

Senior government officials, renowned academic and scientific figures from India and abroad, representatives of civil society, and business executives make up the Board. N.R. Narayana Murthy serves as the board's chairman. Members of the board include Amartya Sen, a Nobel laureate, Montek Singh Ahluwalia, the deputy chairman of the Indian Planning Commission, and others. Prof. K. Srinath Reddy, a cardiologist and epidemiologist with extensive experience in both national and international public health, serves as the foundation's president.

In order to increase awareness and strengthen research, training, and teaching in the highly important field of public health in India, PHFI has expanded in both length and breadth during the past five years and established five Centres of Excellence (CoE).

THE FOLLOWING INNOVATIONS WERE REQUIRED TO AMEND INDIA'S HEALTH-CARE SERVICES:

1. The introduction of electronic health records (EHRs) for every Indian person.
2. Through formal, informal, and non-formal education, people should be made aware of the deadly diseases brought on by the use of tobacco products. Smoking in public places should be outlawed, and posters should be put up warning people about HIV/AIDS, domestic violence, and passive smoking.
3. On the basis of their preference for volunteering in enhancing the health-acre services in rural and urban areas, especially preventive medications, YOUTH CLUBS can be created under a new CSR (Citizen and Students Responsibility), and certificates/awards should be offered.
4. Recycle and properly dispose of dry and wet garbage.
5. Get rid of corruption in the healthcare industry.
6. Distribute funds in accordance with the community's medical needs.
7. Involve the neighbourhood as much as you can in the delivery of healthcare.
8. The best possible telemedicine utilisation.
9. Distribute tertiary centres in accordance with geographic distribution.
10. More proactive preventive health care (yoga exercise, a good diet, walking, etc.)

As a result, the future direction of the Indian healthcare sector depends heavily on the implementation of the appropriate policies. The business faces significant obstacles because of the nation's changing demographics, the status of its public infrastructure, a lack of funding, a scarcity of human capital, and weak governance. The root of all these issues is the public sector's shockingly small role in the healthcare sector. The majority of these issues are attempted to be addressed by the National Health Policy, although it falls far short in terms of practical viability and funding. Although the government is aware of the need to raise public healthcare spending, it is crucial to make sure that the spending is done properly. In fact, Sri Lanka and Bangladesh, who spend significantly less on healthcare than India does, perform much better on a number of health measures. This demonstrates the significance of increasing investment

while also improving its efficiency. Given its enormous population, distinctive culture, and other factors, it may not be very appropriate to directly compare the situation in India with any of the other countries in the globe.

REFERENCES

1. Khosla, D., et al., 2012. " Palliative Care in India: Current Progress and Future Needs", Indian Journal of Palliative Care, September-December.
2. D. Banerji (1977), "Objectives of medical education," In Search of Diagnosis: Analysis of Present System of Health Care, A. J. Patel, Ed., Medico Friend Circle, New Delhi.
3. M. Kaushik, A. Jaiswal, N. Shah, and A. Mahal (2008), "High-end physician migration from India," Bulletin of the World Health Organization, vol. 86.
4. Government of India (GIO), Rural Health Statistics 2012, Ministry of Health and Family Welfare, New Delhi, India, 2013.
5. Mehta R, Gulshan. B, Singh A.P , and Khejriwal M (2010), "A Peek into the Future of Healthcare: Trends for 2010, Technopak perspective: A quarterly report," Quoted in 'High Level Expert Group Report on Universal Health Coverage for India, Instituted by Planning Commission of India.

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